AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2025
April 2023 Meeting

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Italicized are interim recommendations

AMA
AMERICAN MEDICAL ASSOCIATION

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

May 17, 2023

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 April 26-29, 2023, RUC meeting.

CPT 2025 New and Revised Codes – *April 2023 RUC Submission*
The RUC submits work value and/or practice expense inputs for 24 new/revised/related family CPT codes for *CPT 2025* from the April 2023 RUC meeting.

Existing Services Identified by RUC and CMS for Review
In addition to the new/revised CPT code submission, the RUC submits recommendations for 19 services identified by the RUC or CMS as potentially misvalued and reviewed at the April 2023 RUC meeting.

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

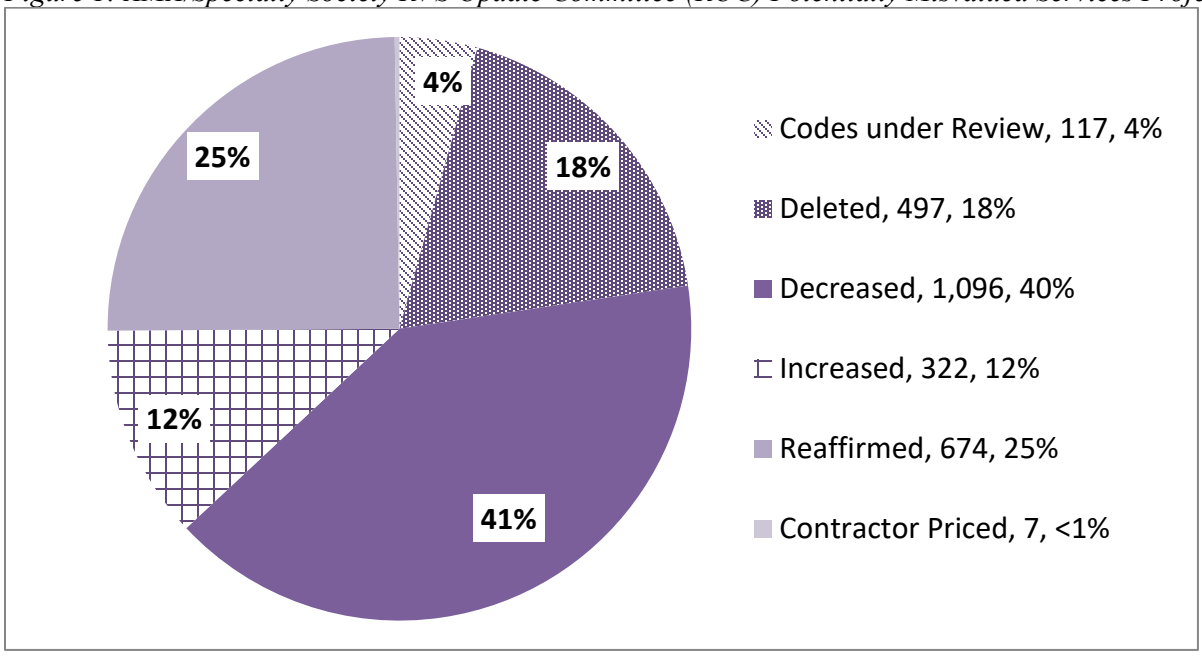
code. Therefore, the CMS policy is disadvantageous to the eye surgeons and an example of shortcomings and rank order abnormalities the flawed policy creates. The Agency's position implies that the physician work for office visits is not the same when performed in a surgical global period, which is an 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 2,717 potentially misvalued services through objective screening criteria and has completed review of 2,600 of these services. The RUC has recommended that 61% 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.

Packs Pricing
At the January 2023 meeting, 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.

One would expect the pack price to be identical to the total cost of its contents. The purpose of the packs is to simplify the process of identifying and recommending PE supply direct inputs. The price of the individual components should be consistent across the supply packs and match the standalone prices of supplies.

RUC review of the pack pricing uncovered numerous discrepancies between the aggregated cost of a pack and the individual supply item components. **The RUC strongly recommends that CMS resolve these pricing discrepancies in the supply packs during CY2024 rulemaking.** *The two spreadsheets with 23 deconstructed packs and volume analysis are located in folder 13 Other Practice Expense Related Recommendations.*

High Cost Disposable Supplies
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 2023 Medicare Physician Payment Schedule includes 77 supply items with a purchase price of more than $500. These high cost supplies represent $1.24 billion in direct costs for 2023 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 costs 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.**

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 2,717 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 April 2023 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.

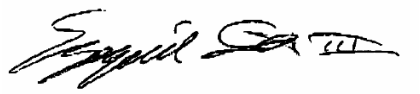
- Utilization Data Crosswalk – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2025 conversion factor increase.

- 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 817 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.

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.

Sincerely,



Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee

Enclosures

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2024

RESOURCE MATERIALS
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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
0537T		D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Deleted						☑		☐
0538T		D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Deleted						☑		☐
0539T		D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Deleted						☑		☐
0540T		D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Deleted						☑		☐
0616T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					☐		☐
0617T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					☐		☐
0618T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					☐		☐
25310	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D1							☑	To be surveyed for the September 2023 RUC Meeting	☐
25312	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D2							☑	To be surveyed for the September 2023 RUC Meeting	☐
25447	090	R	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D3							☑	To be surveyed for the September 2023 RUC Meeting	☐
26480	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D5							☑	To be surveyed for the September 2023 RUC Meeting	☐

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
26483	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D6							☑	To be surveyed for the September 2023 RUC Meeting	☐
2X005	090	N	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D4							☑	To be surveyed for the September 2023 RUC Meeting	☐
3X018	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E1							☑	To be surveyed for the September 2023 RUC Meeting	☐
3X019	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E2							☑	To be surveyed for the September 2023 RUC Meeting	☐
3X020	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E3							☑	To be surveyed for the September 2023 RUC Meeting	☐
3X021	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E4							☑	To be surveyed for the September 2023 RUC Meeting	☐
49203	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Deleted						☑		☐
49204	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Deleted						☑		☐
49205	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Deleted						☑		☐
4X015	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F1							☑	To be surveyed for the September 2023 RUC Meeting	☐
4X016	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F2							☑	To be surveyed for the September 2023 RUC Meeting	☐

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
4X017	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F3							☑	To be surveyed for the September 2023 RUC Meeting	☐
4X018	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F4							☑	To be surveyed for the September 2023 RUC Meeting	☐
4X019	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F5							☑	To be surveyed for the September 2023 RUC Meeting	☐
58957	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Deleted						☑		☐
58958	090	R	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Editorial						☑		☐
5X006	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G1							☑	To be surveyed for the September 2023 RUC Meeting	☐
5X007	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G2							☑	To be surveyed for the September 2023 RUC Meeting	☐
5X008	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G3							☑	To be surveyed for the September 2023 RUC Meeting	☐
66680	090	F	Feb 2023	10	Iris Procedures	A1	Apr 2023	04	AAO	10.25	10.25		☑		☐
66682	090	F	Feb 2023	10	Iris Procedures	A2	Apr 2023	04	AAO	10.87	10.87		☑		☐
6X004	090	N	Feb 2023	10	Iris Procedures	A3	Apr 2023	04	AAO	12.80	12.80		☑		☑
92132	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B1	Apr 2023	05	AAO, AOA(optometry), ASRS	0.26	0.26		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐

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
92133	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B2	Apr 2023	05	AAO, AOA(optometry), ASRS	0.29	0.29		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
92134	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B3	Apr 2023	05	AAO, AOA(optometry), ASRS	0.30	0.30		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
93886	XXX	F	May 2023	35	Transcranial Doppler Studies	H1							☑	To be surveyed for the September 2023 RUC Meeting	☐
93888	XXX	F	May 2023	35	Transcranial Doppler Studies	H2							☑	To be surveyed for the September 2023 RUC Meeting	☐
93890	XXX	D	May 2023	35	Transcranial Doppler Studies								☑		☐
93892	XXX	F	May 2023	35	Transcranial Doppler Studies	H3							☑	To be surveyed for the September 2023 RUC Meeting	☐
93893	XXX	R	May 2023	35	Transcranial Doppler Studies	H4							☑	To be surveyed for the September 2023 RUC Meeting	☐
93X94	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H5							☑	To be surveyed for the September 2023 RUC Meeting	☐
93X95	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H6							☑	To be surveyed for the September 2023 RUC Meeting	☐
93X96	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H7							☑	To be surveyed for the September 2023 RUC Meeting	☐

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
99441	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Apr 2023	06					☑		☐
99442	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Apr 2023	06					☑		☐
99443	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Apr 2023	06					☑		☐
9X059	XXX	N	Feb 2023	22	Optical Coherence Tomography (OCT)	B4	Apr 2023	05	AAO, AOA(optometry), ASRS	0.55	0.31		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☑
9X075	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C1	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	0.93	0.93		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting. Same work RVU as last year (in-person office visit with -95 modifier)	☐
9X076	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C2	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	1.60	1.60		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting. Same work RVU as last year (in-person office visit with -95 modifier)	☐

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
9X077	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C3	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, ES, NANS, STS, SVS	2.60	2.20		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
9X078	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C4	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, ES, NANS, STS, SVS	3.50	3.00		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐

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
9X079	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C5	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	0.70	0.70		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting. Same work RVU as last year (in-person office visit with -95 modifier)	☐
9X080	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C6	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, ES, NANS, STS, SVS	1.30	1.22		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐

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
9X081	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C7	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, ES, NANS, STS, SVS	1.92	1.74		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
9X082	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C8	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, ES, NANS, STS, SVS	2.80	2.40		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐

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
9X083	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C9	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	0.93	0.93		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting. Same work RVU as last year (in-person office visit with -95 modifier)	☐
9X084	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C10	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	1.57	1.57		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
9X085	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C11	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	2.18	2.01		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐

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
9X086	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C12	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	3.00	2.60		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
9X087	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C13	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	0.70	0.70		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting. Same work RVU as last year (in-person office visit with -95 modifier)	☐
9X088	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C14	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, AGS, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	1.20	1.20		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐

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
9X089	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C15	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	1.80	1.80		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
9X090	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C16	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	2.49	2.40		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
9X091	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C17	Apr 2023	06	AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACOG, ACS, AGA, ANA, ASA, ASCRS(colon), ASGE, ASRA, ASSH, AUA, CNS, ES, NANS, STS, SVS	0.25	0.29		☑	Interim recommendation; to be resurveyed for the September 2023 RUC Meeting	☐
G2012	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Apr 2023	06					☑		☐

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
G2252	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Apr 2023	06					☑		☐

CPT 2024 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
00X6M	XXX	N	May 2023	24	Admin MAAA – Cardiovascular Disease		CLFS						☐		☐
0404T	YYY	D	Sep 2022	12	Transcervical RF Ablation of Uterine Fibroids		Jan 2023	9					☐		☐
0424T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0425T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0426T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0427T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0428T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0429T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0430T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0431T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0432T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0433T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0434T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0435T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0436T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	6					☐		☐
0465T	YYY	D	Sep 2022	24	Suprachoroidal Ablation		Jan 2023	10					☐		☐

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
0493T	YYY	D	Sep 2022	EC-D	Parenthetical Revisions - Noncontact SPECT		Deleted						☐		☐
0499T	YYY	R	Sep 2022	EC-E	Reinstate Category III Code 0499T		Jan 2023	8					☐		☐
0501T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					☐		☐
0502T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					☐		☐
0503T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					☐		☐
0504T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					☐		☐
0512T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0513T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0517T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0518T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0519T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0520T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0533T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0534T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0535T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0536T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐

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
0552T	YYY	R	May 2022	37	Post Operative Low Level Laser Therapy		Sep 2022	6					☐		☐
0587T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	7					☐		☐
0588T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	7					☐		☐
0589T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	7					☐		☐
0590T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	7					☐		☐
0640T	YYY	R	May 2023	43	Spectroscopy Study – Wound or Flab		Cat III						☐		☐
0641T	YYY	D	May 2023	43	Spectroscopy Study – Wound or Flab		Deleted						☐		☐
0642T	YYY	D	May 2023	43	Spectroscopy Study – Wound or Flab		Deleted						☐		☐
0656T	YYY	R	Sep 2022	26	Vertebral Body Tethering		Jan 2023	5					☐		☐
0657T	YYY	R	Sep 2022	26	Vertebral Body Tethering		Jan 2023	5					☐		☐
06X1T	YYY	N	Sep 2022	26	Vertebral Body Tethering		Jan 2023	5					☐		☐
0715T	YYY	D	Sep 2022	34	Percutaneous Coronary Interventions		Jan 2023	12					☐		☐
0766T	YYY	R	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Cat III						☐		☐
0768T	YYY	D	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Deleted						☐		☐
0769T	YYY	D	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Deleted						☐		☐
0775T	YYY	D	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis		Jan 2023	4					☐		☐

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
0809T	YYY	D	May 2023	40	Hybrid SI Joint Fusion – Delete 0809T		Deleted						☐		☐
0X43T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	4					☐		☐
0X44T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	4					☐		☐
0X46T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	7					☐		☐
0X48T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	4					☐		☐
27279	090	R	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I2	Jan 2023	4	AANS/CNS, NASS, OEIS				☑	No RUC Recommendation	☐
27280	090	R	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I3	Jan 2023	4	AANS/CNS, NASS				☑	No RUC Recommendation	☐
28292	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			7.44	7.44	Yes	☑		☐
28297	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	☑		☐
28740	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	☑		☐
2X000	090	N	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I1	Jan 2023	4	ACR, ASA, ASIPP, ASRA, NANS, OEIS, SIR	8.95	7.86		☐		☑
2X002	090	N	Sep 2022	26	Vertebral Body Tethering	J1	Jan 2023	5	AANS/CNS, AAOS, NASS	32.00	32.00		☑		☑
2X003	090	N	Sep 2022	26	Vertebral Body Tethering	J2	Jan 2023	5	AANS/CNS, AAOS, NASS	35.50	35.50		☑		☑
2X004	090	N	Sep 2022	26	Vertebral Body Tethering	J3	Jan 2023	5	AANS/CNS, AAOS, NASS	36.00	36.00		☑		☑
30117	090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L1	Jan 2023	7	AAO-HNS	3.91	3.91		☑		☐

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
30118	090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L2	Jan 2023	7	AAO-HNS	9.55	9.55		☑		☐
34510	090	D	May 2023	59	Code Set Maintenance		Deleted						☑		☐
3X008	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K1	Jan 2023	6	AASM, ACC, HRS	10.75	9.50		☑		☑
3X009	ZZZ	N	Sep 2022	17	Phrenic Nerve Stimulation System	K2	Jan 2023	6	AASM, ACC, HRS	7.49	5.43		☑		☑
3X010	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K3	Jan 2023	6	AASM, ACC, HRS	10.51	9.55		☑		☑
3X011	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K4	Jan 2023	6	AASM, ACC, HRS	9.71	5.42		☑		☑
3X012	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K5	Jan 2023	6	AASM, ACC, HRS	6.90	3.04		☑		☑
3X013	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K6	Jan 2023	6	AASM, ACC, HRS	9.00	6.00		☑		☑
3X014	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K7	Jan 2023	6	AASM, ACC, HRS	7.83	6.05		☑		☑
3X015	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K8	Jan 2023	6	AASM, ACC, HRS	10.13	8.51		☑		☑
3X016	000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L3	Jan 2023	7	AAO-HNS	2.70	2.70		☑		☑
3X017	000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L4	Jan 2023	7	AAO-HNS	2.70	2.70		☑		☑
43882	YYY	R	Sep 2022	EC-C	Parenthetical Revisions - Gastric Neurostimulator		Editorial			0.00	0.00	Yes	☑		☐
58661	010	R	Feb 2023	EC-J	Parenthetical Revision - 58661 (EC-J)		Editorial			11.35	11.35	Yes	☑		☐
5X000	000	N	Sep 2022	13	Cystourethroscopy with Urethral Therapeutic Drug Delivery	M1	Jan 2023	8	AUA	3.10	3.10		☑		☑
5X005	010	N	Sep 2022	12	Transcervical RF Ablation of Uterine Fibroids	N1	Jan 2023	9	ACOG	7.21	7.21		☑		☑
619X1	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A1	Apr 2022	5	AANS, CNS	25.75	25.75		☑		☑

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
619X2	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A2	Apr 2022	5	AANS, CNS	11.25	11.25		☑		☑
619X3	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A3	Apr 2022	5	AANS, CNS	15.00	15.00		☑		☑
63685	010	R	Feb 2022	11/43	Spinal Neurostimulator Services	B1	Sep 2022	4	AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS	5.19	5.19	Yes	☑		☐
63688	010	R	Feb 2022	11/43	Spinal Neurostimulator Services	B2	Sep 2022	4	AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS	5.14	4.35		☑		☐
64590	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E1	Apr 2022	7	ACOG, AUA	5.10	5.10		☑		☐
64595	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E2	Apr 2022	7	ACOG, AUA	4.00	3.79		☑		☐
64XX2	010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B3	Sep 2022	4	AAPM, ASA, ASIPP, NANS				☑	Contractor Price	☑
64XX3	ZZZ	N	Feb 2022	11/43	Spinal Neurostimulator Services	B4	Sep 2022	4	AAPM, ASA, ASIPP, NANS				☑	Contractor Price	☑
64XX4	010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B5	Sep 2022	4	AAPM, ASA, ASIPP, NANS				☑	Contractor Price	☑
6X000	000	N	Sep 2022	24	Suprachoroidal Ablation	O1	Jan 2023	10	AAO, ASRS	1.53	1.53		☑		☑
74710	XXX	D	May 2023	59	Code Set Maintenance		Deleted						☑		☐
75574	XXX	F	Sep 2022	27	Fractional Flow Reserve with CT	P1	Jan 2023	11	ACC, ACR, SCCT				☑	No RUC Recommendation	☐
76998	XXX	F	May 2022	20	Intraoperative Ultrasound Services	F5	Sep 2022	5	AATS, ACC, ACS, ASBrS, STS	1.20	1.20	Yes	☑		☐

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
7X000	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F1	Sep 2022	5	AATS, ACC, STS	0.60	0.60		☑		☑
7X001	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F2	Sep 2022	5	AATS, ACC, STS	1.90	1.90		☑		☑
7X002	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F3	Sep 2022	5	AATS, ACC, STS	1.20	1.20		☑		☑
7X003	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F4	Sep 2022	5	AATS, ACC, STS	1.55	1.55		☑		☑
7X005	XXX	N	Sep 2022	27	Fractional Flow Reserve with CT	P2	Jan 2023	11	ACC, ACR, SCCT	0.84	0.75		☑		☑
81171	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81172	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81243	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81244	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81403	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81404	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81405	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81406	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81407	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81445	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81449	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81450	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81451	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81455	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐

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
81456	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81490	XXX	R	Feb 2023	12	Appendix O Proprietary Name Revision - 81490		CLFS						☐		☐
8X016	XXX	N	Feb 2023	15	Anti-Mullerian Hormone (AMH)		CLFS						☐		☐
8X017	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
8X018	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
8X019	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
8X020	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
8X021	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
8X022	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
8X025	XXX	N	Feb 2023	13	MAAA - Enhanced Liver Fibrosis Assay		CLFS						☐		☐
8X036	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						☐		☐
8X037	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						☐		☐
8X038	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						☐		☐
8X039	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						☐		☐
8X041	XXX	N	May 2023	23	Hepatitis D (Delta) Quantitative PCR		CLFS						☐		☐

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
92920	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q1	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92921	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q2	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92924	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q3	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92925	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q4	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92928	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q5	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92929	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q6	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92933	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q7	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92934	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q8	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92937	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q9	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92938	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q10	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92941	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q11	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92943	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q12	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92944	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q13	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92973	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q15	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐

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
92975	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q16	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92977	XXX	F	Sep 2022	34	Percutaneous Coronary Interventions	Q17	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
93593	000	F	Sep 2022	50	Venography Services	D1	Jan 2023	14	ACC, SCAI	3.99	3.99	Yes	☑	Affirm Oct. 2020 RUC Recommendation	☑
93594	000	F	Sep 2022	50	Venography Services	D2	Jan 2023	14	ACC, SCAI	6.10	6.10	Yes	☑	Affirm Oct. 2020 RUC Recommendation	☑
93595	000	F	Sep 2022	50	Venography Services	D3	Jan 2023	14	ACC, SCAI	6.00	6.00		☑	Affirm Oct. 2020 RUC Recommendation	☑
93596	000	F	Sep 2022	50	Venography Services	D4	Jan 2023	14	ACC, SCAI	7.91	7.91		☑	Affirm Oct. 2020 RUC Recommendation	☑
93597	000	F	Sep 2022	50	Venography Services	D5	Jan 2023	14	ACC, SCAI	9.99	9.99		☑	Affirm Oct. 2020 RUC Recommendation	☑
93598	ZZZ	F	Sep 2022	50	Venography Services	D11	Jan 2023	14	ACC, SCAI	1.75	1.75		☑	Affirm Oct. 2020 RUC Recommendation	☑
96446	XXX	R	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)		Jan 2023	15	ACOG, ACS	0.37	0.37	Yes	☑		☐
96920	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			1.15	1.15	Yes	☑		☐
96921	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			1.30	1.30	Yes	☑		☐
96922	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			2.10	2.10	Yes	☑		☐
99202	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.00	0.93	Yes	☑		☐
99203	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.60	1.60	Yes	☑		☐
99204	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.60	2.60	Yes	☑		☐
99205	XXX	R	Feb 2023	6	E/M Revisions		Editorial			3.50	3.50	Yes	☑		☐
99212	XXX	R	Feb 2023	6	E/M Revisions		Editorial			0.75	0.70	Yes	☑		☐

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
99213	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.30	1.30	Yes	☑		☐
99214	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.00	1.92	Yes	☑		☐
99215	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.80	2.80	Yes	☑		☐
99306	XXX	R	Feb 2023	6	E/M Revisions		Editorial			3.50	3.50	Yes	☑		☐
99308	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.30	1.30	Yes	☑		☐
9X000	ZZZ	N	Sep 2022	50	Venography Services	D6	Jan 2023	14	ACC, SCAI	1.60	1.20		☑		☑
9X002	ZZZ	N	Sep 2022	50	Venography Services	D7	Jan 2023	14	ACC, SCAI	1.63	1.13		☑		☑
9X003	ZZZ	N	Sep 2022	50	Venography Services	D8	Jan 2023	14	ACC, SCAI	2.05	1.43		☑		☑
9X004	ZZZ	N	Sep 2022	50	Venography Services	D9	Jan 2023	14	ACC, SCAI	2.11	2.11		☑		☑
9X005	ZZZ	N	Sep 2022	50	Venography Services	D10	Jan 2023	14	ACC, SCAI	2.13	2.13		☑		☑
9X022	XXX	N	May 2022	37	Post Operative Low Level Laser Therapy	H1	Sep 2022	6					☑	No RUC Recommendation	☑
9X034	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S1	Jan 2023	15	ACOG, ACS				☑	Contractor Price - To be resurveyed for the September 2023 RUC Meeting	☐
9X035	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S2	Jan 2023	15	ACOG, ACS				☑	Contractor Price - To be resurveyed for the September 2023 RUC Meeting	☐
9X036	ZZZ	N	Sep 2022	10	Pelvic Exam (PE Only)	R1	Jan 2023	13	AAFP, ACOG, ANA, AUA	0.00	0.00		☑	PE Only	☐
9X045	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K9	Jan 2023	6	AASM, ACC, HRS	1.20	0.85		☑		☑
9X046	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K10	Jan 2023	6	AASM, ACC, HRS	1.00	0.80		☑		☑
9X047	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K11	Jan 2023	6	AASM, ACC, HRS	2.25	1.82		☑		☑
9X048	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K12	Jan 2023	6	AASM, ACC, HRS	0.72	0.43		☑		☑
9X070	ZZZ	N	Sep 2022	34	Percutaneous Coronary Interventions	Q14	Jan 2023	12	ACC, SCAI	3.90	2.97		☑		☑

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
9X092	XXX	N	Feb 2023	18	Chikungunya Virus Vaccine, Live Attenuated		Vaccine						☐		☐
9X093	XXX	N	Feb 2023	19	Pentavalent Meningococcal Vaccine		Vaccine						☐		☐
9X094	XXX	N	May 2023	36	Respiratory Syncytial Virus (RSV), Pediatric, Seasonal		mmunoglobulin						☐		☐
9X095	XXX	N	May 2023	36	Respiratory Syncytial Virus (RSV), Pediatric, Seasonal		mmunoglobulin						☐		☐
9X096	XXX	N	Feb 2023	21	Respiratory Syncytial Virus Adjuvanted		Vaccine						☐		☐
9X097	XXX	N	May 2023	33	mRNA RSV Vaccine		Vaccine						☐		☐
X004T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	7					☐		☐
X005T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	4					☐		☐
X048T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	7					☐		☐
X085T	YYY	N	Sep 2022	53/61	SVC-IVC Prosthetic Valve Insertion		Cat III						☐		☐
X086T	YYY	N	Sep 2022	53/61	SVC-IVC Prosthetic Valve Insertion		Cat III						☐		☐
X088T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						☐		☐
X089T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						☐		☐
X090T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						☐		☐
X092T	YYY	N	Sep 2022	38	Virtual Reality (VR) Faciliated Motor-Cognitive Training		Cat III						☐		☐

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
X093T	YYY	N	Sep 2022	51	AI-Assisted Oncologic Treatment		Cat III						☐		☐
X094T	YYY	N	Sep 2022	54	Pulmonary Tissue Ventilation Analysis		Cat III						☐		☐
X095T	YYY	N	Sep 2022	59	Subretinal Drug Delivery Injection		Cat III						☐		☐
X096T	YYY	N	Sep 2022	49	Transcatheter Pulmonary Artery Denervation		Cat III						☐		☐
X097T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X098T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X099T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X101T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X102T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X103T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X104T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X105T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X106T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X107T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
X111T	YYY	N	Sep 2022	58	Hybrid Sacroiliac Joint Fusion		Cat III						☐		☐
X115T	YYY	N	Sep 2022	48	Silver Diamine Fluoride Application		Cat III						☐		☐
X116T	YYY	N	Sep 2022	54	Pulmonary Tissue Ventilation Analysis		Cat III						☐		☐
X118T	YYY	N	Feb 2023	30	Insertion of Calcium Based Implant-Femur		Cat III						☐		☐
X120T	YYY	N	Feb 2023	29	Adjustment of Gastric Balloon		Cat III						☐		☐

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
X121T	YYY	N	Feb 2023	31	Ultrasound Based REMS Axial Bone Density Study		Cat III						☐		☐
X125T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						☐		☐
X126T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						☐		☐
X127T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						☐		☐
X128T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						☐		☐
X129T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						☐		☐
X130T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						☐		☐
X131T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						☐		☐
X132T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						☐		☐
X135T	YYY	N	Feb 2023	07	Remote Patient Multi-Day Comprehensive Uroflowmetry		Cat III						☐		☐
X136T	YYY	N	Feb 2023	07	Remote Patient Multi-Day Comprehensive Uroflowmetry		Cat III						☐		☐
X139T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X140T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X141T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X142T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X143T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X144T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐

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
X145T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X146T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X147T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X148T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X149T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X150T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X151T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X152T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X153T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X154T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X155T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X156T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X157T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X158T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X159T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X160T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X161T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X162T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X163T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X164T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X165T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X166T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X167T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X168T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
X169T	YYY	N	May 2023	48	Electrophysiological Focused Magnetic Stimulation		Cat III						☐		☐

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
X170T	YYY	N	May 2023	56	Low Intensity ESWT-Corpus Cavernosum		Cat III						☐		☐
X171T	YYY	N	May 2023	50	Near Infrared Spectroscopy (NIRS) for Peripheral Arterial Disease (PAD)		Cat III						☐		☐
X180T	YYY	N	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
X181T	YYY	N	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
X182T	YYY	N	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
X183T	YYY	N	May 2023	45	Opto-Acoustic Imagining for Breast Masses		Cat III						☐		☐
X188T	YYY	N	May 2023	49	Quantitative MRI Analysis of Brain with Comparison		Cat III						☐		☐
X189T	YYY	N	May 2023	49	Quantitative MRI Analysis of Brain with Comparison		Cat III						☐		☐
X194T	YYY	N	May 2023	43	Spectroscopy Study – Wound or Flab		Cat III						☐		☐

CPT 2024 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
926X1	XXX	N	Feb 2022	22	Auditory Osseointegrated Device Services	C1	Apr 2022	15	AAA, ASHA	1.25	1.25		☑	HCPAC	☐
926X2	ZZZ	N	Feb 2022	22	Auditory Osseointegrated Device Services	C2	Apr 2022	15	AAA, ASHA	0.33	0.33		☑	HCPAC	☐
9X015	XXX	N	May 2022	35	Caregiver Training Services	G1	Sep 2022	14	AOTA, APTA, ASHA	1.00	1.00		☑	HCPAC	☑
9X016	ZZZ	N	May 2022	35	Caregiver Training Services	G2	Sep 2022	14	AOTA, APTA, ASHA	0.54	0.54		☑	HCPAC	☑
9X017	XXX	N	May 2022	35	Caregiver Training Services	G3	Sep 2022	14	AOTA, APTA, ASHA	0.23	0.23		☑	HCPAC	☑

RUC Recommendations for CMS Requests & Relativity Assessment Identified Code - April 2023

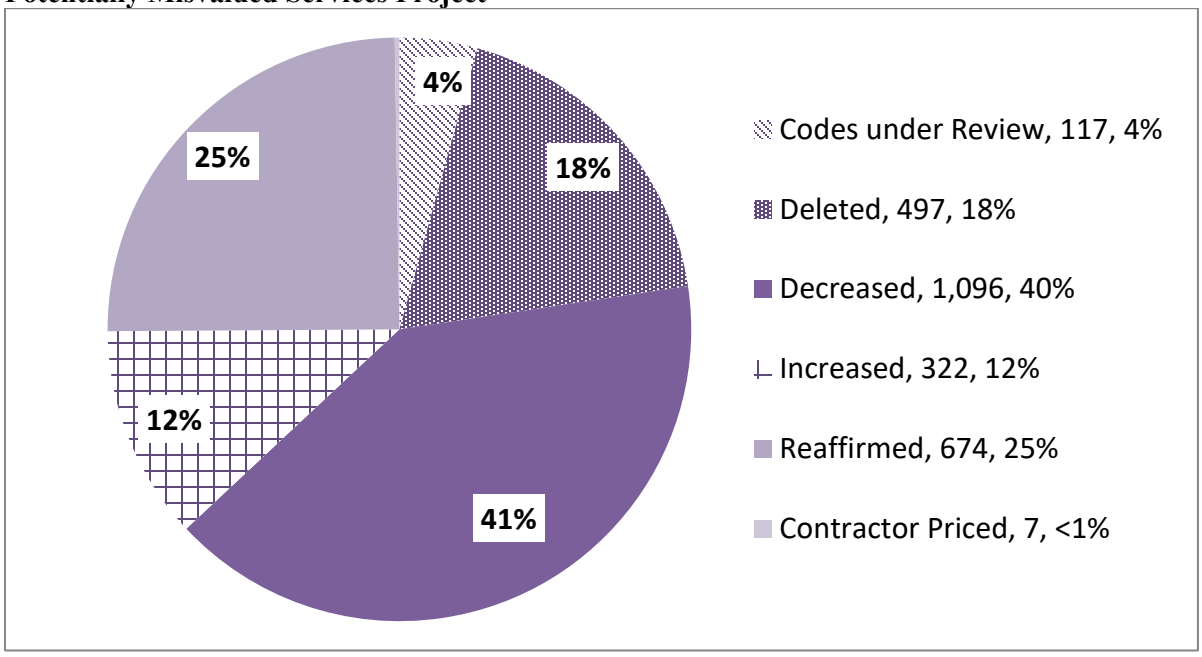
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	Different Performing Specialty from Survey	High Volume Growth	PE Skin Adhesives
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Skin Adhesives (PE Only)	07	New PE Inputs			X
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	Skin Adhesives (PE Only)	07	New PE Inputs			X
G0168	Wound closure utilizing tissue adhesive(s) only	Skin Adhesives (PE Only)	07	New PE Inputs			X
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	Skin Adhesives (PE Only)	07	New PE Inputs			X
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	Skin Adhesives (PE Only)	07	New PE Inputs			X
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	Skin Adhesives (PE Only)	07	New PE Inputs			X
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	Laser Treatment – Skin	08	1.00		X	
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	Laser Treatment – Skin	08	1.07		X	
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	Laser Treatment – Skin	08	1.32		X	
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Acupuncture/ Electroacupuncture	09	0.61	X		
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)	Acupuncture/ Electroacupuncture	09	0.46	X		
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Acupuncture/ Electroacupuncture	09	0.74	X		
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)	Acupuncture/ Electroacupuncture	09	0.47	X		
G0442	Annual alcohol misuse screening, 5 to 15 minutes	Annual Alcohol Screening	10	0.18 Interim Rec - Continue Surveying for Sept 2023		X	
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Annual Alcohol Screening	10	0.45 Interim Rec - Continue Surveying for Sept 2023		X	
G0444	Annual depression screening, 5 to 15 minutes	Annual Depression Screening	11	0.18 Interim Rec - Continue Surveying for Sept 2023		X	
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	Behavioral Counseling/Therapy	12	0.45 Interim Rec - Continue Surveying for Sept 2023		X	
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	Behavioral Counseling/Therapy	12	0.45 Interim Rec - Continue Surveying for Sept 2023		X	
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	Behavioral Counseling/Therapy	12	0.45 Interim Rec - Continue Surveying for Sept 2023		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, are examining 2,717 potentially misvalued services accounting for $45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,593 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 817 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 296 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 will examine these services for the 2025 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 recommended review of one service after an additional utilization data is collected. 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 13 services. The RUC removed three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review one code after additional utilization data is available. The RUC submitted recommendations for seven services for the 2021 Medicare Physician Payment Schedule and for three services for the 2023 Medicare Physician Payment Schedule.

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 removed two service as the growth was appropriate and will review three services after additional data is available. The RUC submitted recommendations for two services for the 2024 Physician Payment Schedule and will review five services for the 2025 Physician Payment Schedule.

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 and will review action plans in September 2023 to determine how to address these services.

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 two services from this screen and will review action plans for the remaining two services in September 2023 to determine the next steps.

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.

In April 2023, the RUC identified two services that were Harvard valued with 2021 Medicare utilization over 30,000. The RUC will review action plans on how to address these services in September 2023.

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. Three services were removed from this screen, one was referred to the CPT Editorial Panel for revision, one was requested for CMS to delete and five 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 Workgroup will review action plans in September 2023 to determine if code bundling solutions are necessary.

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 amount to $100 or more, and have PE procedure times greater than five minutes for review. The RUC reviewed 27 services identified through this screen and expanded to 29 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 11 codes. The RUC submitted 18 recommendations for the 2014-2015 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Pre-Time Analysis
In January 2014, the RUC reviewed codes that were RUC reviewed prior to April 2008, with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes) for services with 2012 Medicare Utilization over 10,000. The screen identified 19 services with more pre-service time than the longest standardized pre-service package and was expanded to 24 to include additional codes as

part of the family. The RUC reviewed these services and referred three services to the CPT® Editorial Panel for revision. The CPT Editorial Panel deleted one service and will review three services for CPT 2018. The RUC reviewed 18 services and noted that they were all originally valued by magnitude estimation and therefore readjustments in pre-service time categories did not alter the work values. Additionally, crosswalk references for each service were presented validating the pre-time adjustments. The RUC noted that this screen was useful, however did not reveal any large outliers and therefore the utilization threshold does not need to be lowered to identify more services. The RUC submitted 20 recommendations for the 2016 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Post-Operative Visits

010-Day Global Codes

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

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 IWPUT
In October 2017, the RUC identified 22 services with a negative IWPUT 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 will review action plans on how to address these services at the September 2023 meeting.

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.

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. The RUC will review action plans in September 2023 to determine how to address these services.

Other Issues

In addition to the above screening criteria, the Relativity Assessment Workgroup performed an exhaustive search of the RUC database for services indicated by the RUC to be re-reviewed at a later date. Three codes were found that had not yet been re-reviewed. The RUC recommended a work RVU decrease for two codes and to maintain the work RVU for another code. CMS also identified 72 services that required further practice expense review. The RUC submitted practice expense recommendations on 67 services and the CPT® Editorial Panel deleted 5 services. The RUC also reviewed special requests for 19 audiology and speech-language pathology services. The RUC submitted recommendations for 10 services for the 2010 Medicare Physician Payment Schedule and the remaining nine services for the 2011 Medicare Physician Payment Schedule.

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,717**
Codes Completed	**2,600**
Work and PE Maintained	674
Work Increased	322
Work Decreased	911
Direct Practice Expense Revised (beyond work changes)	185
Deleted from CPT®	497
Requested CMS delete G code	4
Contractor Priced	7
Codes Under Review	**117**
Referred to CPT® Editorial Panel or CPT Assistant	38
RUC to Review for *CPT 2025*	6
RUC to review future review after additional data obtained	73

**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 2009-2022 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:** RAW **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 **2021 Medicare Utilization:** 32,146

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT **Referred to CPT** September 2023 **Result:**

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 Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2021 Medicare Utilization:** 29,379

2023 Work RVU: 7.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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 **2021 Medicare Utilization:** 97,493

2023 Work RVU: 10.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 12 **Referred to CPT** **Result:** Increase

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 Codes 2022 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2021 Medicare Utilization:** 3,790

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Review action plan

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

Result:

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 Codes 2022 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2021 Medicare Utilization:** 8,113

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Review action plan

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

Result:

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 **2021 Medicare Utilization:** 60,260

2023 Work RVU: 15.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

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

2021 Medicare Utilization: 1,082,677

2023 Work RVU: 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 5 base units

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

Result: Maintain

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

2021 Medicare Utilization: 95,856

2023 Work RVU: 6.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 6 base units

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

Result: Increase

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

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

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

Global: 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 **2021 Medicare Utilization:** 1,059,171

2023 Work RVU: 4.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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

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

Global: 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 **2021 Medicare Utilization:** 500,444

2023 Work RVU: 3.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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 **2021 Medicare Utilization:** 507,450

2023 Work RVU: 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 5 base units **Referred to CPT** September 2016 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

00918 **Anesthesia for transurethral procedures (including urethrocystoscopy); 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

2021 Medicare Utilization: 100,511

2023 Work RVU: 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Maintain

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

Result: Remove from Screen

0101T **Extracorporeal shock wave involving musculoskeletal system, not otherwise specified**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2023 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 2,482

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Action Plan

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

Result:

01916 **Anesthesia for diagnostic arteriography/venography**

Global: XXX **Issue:** **Screen:** High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:**

First Identified: October 2019

2021 Medicare Utilization: 44,007

2023 Work RVU: 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Review action plan

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

Result:

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

2021 Medicare Utilization: 57,554

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 **2021 Medicare Utilization:** 14,318

2023 Work RVU: 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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 **2021 Medicare Utilization:** 21,981

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 265,058

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU: 4.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 4.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 4.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 4.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 6 **Referred to CPT** October 2020 **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU: 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 6 **Referred to CPT** October 2020 **Result:** Increase

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 **2021 Medicare Utilization:** 2,835

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

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:** **First Identified:** October 2019 **2021 Medicare Utilization:** 6,641

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 1,305

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Action Plan **Referred to CPT** **Result:**

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: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 3,289

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Action Plan

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

Result:

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

2021 Medicare Utilization: 10,561

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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: January 2020 **Tab:** 37 **Specialty Developing Recommendation:**

First Identified: October 2019

2021 Medicare Utilization: 48,918

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Review in 3 years (Sept 2023)

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

Result:

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: January 2020 **Tab:** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2021 Medicare Utilization:** 29,188

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Review in 3 years (Sept 2023)

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

Result:

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: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023 **2021 Medicare Utilization:** 1,237

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Action Plan

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

Result:

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 Interstital 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 **2021 Medicare Utilization:** 51

2023 Work RVU: 1.14
2023 NF PE RVU: 93.00
2023 Fac PE RVU: 0.45

RUC Recommendation: Contractor Price

Referred to CPT February 2021
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

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 Interstital 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 **2021 Medicare Utilization:** 19

2023 Work RVU: 1.34
2023 NF PE RVU: 1.52
2023 Fac PE RVU: 0.53

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Result:** Contractor Price

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 Interstital 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 **2021 Medicare Utilization:** 43

2023 Work RVU: 1.91
2023 NF PE RVU: 91.72
2023 Fac PE RVU: 0.76

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Result:** Contractor Price

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 **2021 Medicare Utilization:** 3,088

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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 **2021 Medicare Utilization:** 1

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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 **2021 Medicare Utilization:** 5,605

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

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

0509T **Electroretinography (erg) with interpretation and report, pattern (perg)**

Global: XXX **Issue:** Electroretinography **Screen:** Work Neutrality 2019 **Complete?** No

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2021 Medicare Utilization:** 17,553

2023 Work RVU: 0.40
2023 NF PE RVU: 1.83
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Remove from Screen

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 5,528

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Action Plan **Referred to CPT** **Result:**

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** October 2020 **Result:** Contractor Price
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 **2021 Medicare Utilization:** 287

2023 Work RVU: 0.80
2023 NF PE RVU: 0.61
2023 Fac PE RVU: 0.35

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease
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 **2021 Medicare Utilization:** 128,051

2023 Work RVU: 1.46
2023 NF PE RVU: 2.44
2023 Fac PE RVU: 0.55

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

2021 Medicare Utilization: 30,901

2023 Work RVU: 1.00
2023 NF PE RVU: 0.69
2023 Fac PE RVU: 0.38

RUC Recommendation: 1.00

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

Result: Decrease

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

2021 Medicare Utilization: 429

2023 Work RVU: 1.81
2023 NF PE RVU: 6.90
2023 Fac PE RVU: 0.62

RUC Recommendation: 1.81

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

Result: Decrease

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

2021 Medicare Utilization: 29

2023 Work RVU: 1.18
2023 NF PE RVU: 2.96
2023 Fac PE RVU: 0.20

RUC Recommendation: 1.18

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

Result: Decrease

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

2021 Medicare Utilization: 2,883

2023 Work RVU: 2.26

2023 NF PE RVU: 10.59

2023 Fac PE RVU: 0.74

RUC Recommendation: 2.43

Referred to CPT

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

Result: Decrease

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

2021 Medicare Utilization: 53

2023 Work RVU: 1.65

2023 NF PE RVU: 5.32

2023 Fac PE RVU: 0.28

RUC Recommendation: 1.65

Referred to CPT

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

Result: Decrease

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

2021 Medicare Utilization: 64

2023 Work RVU: 0.00

2023 NF PE RVU: 0.00

2023 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

Referred to CPT

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

Result: Contractor Price

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 **2021 Medicare Utilization:** 34

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price
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 **2021 Medicare Utilization:** 12,848

2023 Work RVU: 1.03
2023 NF PE RVU: 1.88
2023 Fac PE RVU: 0.46

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

10022 **Fine needle aspiration; with imaging guidance**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 7,984

2023 Work RVU: 2.75
2023 NF PE RVU: 16.46
2023 Fac PE RVU: 0.94

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

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 **2021 Medicare Utilization:** 41,148

2023 Work RVU: 0.91
2023 NF PE RVU: 2.48
2023 Fac PE RVU: 0.53

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2021 Medicare Utilization:** 297,751

2023 Work RVU: 1.22
2023 NF PE RVU: 2.42
2023 Fac PE RVU: 1.80

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

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 **2021 Medicare Utilization:** 105,170

2023 Work RVU: 2.45
2023 NF PE RVU: 3.62
2023 Fac PE RVU: 2.72
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 **2021 Medicare Utilization:** 38,137

2023 Work RVU: 1.22
2023 NF PE RVU: 3.15
2023 Fac PE RVU: 1.75
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 **2021 Medicare Utilization:** 7,788

2023 Work RVU: 2.30
2023 NF PE RVU: 5.10
2023 Fac PE RVU: 2.53
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

11042 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less**

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

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA

First Identified: September 2007 **2021 Medicare Utilization:** 1,980,217

2023 Work RVU: 1.01
2023 NF PE RVU: 2.73
2023 Fac PE RVU: 0.64

RUC Recommendation: 1.12

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

11043 **Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less**

Global: 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA

First Identified: September 2007 **2021 Medicare Utilization:** 552,830

2023 Work RVU: 2.70
2023 NF PE RVU: 3.83
2023 Fac PE RVU: 1.45

RUC Recommendation: 3.00

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 114,689

2023 Work RVU: 4.10
2023 NF PE RVU: 4.51
2023 Fac PE RVU: 1.92

RUC Recommendation: 4.56 **Referred to CPT** October 2009 **Result:** Increase

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 **2021 Medicare Utilization:** 599,986

2023 Work RVU: 0.50
2023 NF PE RVU: 0.61
2023 Fac PE RVU: 0.17

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

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

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

Global: ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly / High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 307,724

2023 Work RVU: 1.03
2023 NF PE RVU: 0.95
2023 Fac PE RVU: 0.40

RUC Recommendation: Review action plan. 1.29 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 91,066

2023 Work RVU: 1.80
2023 NF PE RVU: 1.45
2023 Fac PE RVU: 0.72

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2021 Medicare Utilization:** 774,459

2023 Work RVU: 0.35
2023 NF PE RVU: 1.76
2023 Fac PE RVU: 0.08

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

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 **2021 Medicare Utilization:** 1,807,522

2023 Work RVU: 0.50
2023 NF PE RVU: 1.93
2023 Fac PE RVU: 0.11

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 312,718

2023 Work RVU: 0.65
2023 NF PE RVU: 2.00
2023 Fac PE RVU: 0.15

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

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

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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 **2021 Medicare Utilization:** 3,163,916

2023 Work RVU: 0.66
2023 NF PE RVU: 2.32
2023 Fac PE RVU: 0.39

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

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

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 **2021 Medicare Utilization:** 1,387,504

2023 Work RVU: 0.38
2023 NF PE RVU: 1.09
2023 Fac PE RVU: 0.22

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

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

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 **2021 Medicare Utilization:** 330,155

2023 Work RVU: 0.83
2023 NF PE RVU: 2.85
2023 Fac PE RVU: 0.46

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

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

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 **2021 Medicare Utilization:** 88,175

2023 Work RVU: 0.45
2023 NF PE RVU: 1.27
2023 Fac PE RVU: 0.25

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

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 **2021 Medicare Utilization:** 33,505

2023 Work RVU: 1.01
2023 NF PE RVU: 3.55
2023 Fac PE RVU: 0.54

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

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 **2021 Medicare Utilization:** 6,888

2023 Work RVU: 0.54
2023 NF PE RVU: 1.54
2023 Fac PE RVU: 0.30

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

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 **2021 Medicare Utilization:** 90,082

2023 Work RVU: 0.60
2023 NF PE RVU: 2.38
2023 Fac PE RVU: 0.34

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

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 **2021 Medicare Utilization:** 189,558

2023 Work RVU: 0.90
2023 NF PE RVU: 2.67
2023 Fac PE RVU: 0.52

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Increase

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 101,686

2023 Work RVU: 1.05
2023 NF PE RVU: 2.97
2023 Fac PE RVU: 0.61

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 16,022

2023 Work RVU: 1.25
2023 NF PE RVU: 3.19
2023 Fac PE RVU: 0.71

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

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 **2021 Medicare Utilization:** 89,775

2023 Work RVU: 0.80
2023 NF PE RVU: 2.31
2023 Fac PE RVU: 0.24

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 96,135

2023 Work RVU: 0.96
2023 NF PE RVU: 2.64
2023 Fac PE RVU: 0.40

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 52,364

2023 Work RVU: 1.20
2023 NF PE RVU: 2.87
2023 Fac PE RVU: 0.54

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 16,450

2023 Work RVU: 1.46
2023 NF PE RVU: 2.83
2023 Fac PE RVU: 0.49

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

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 **2021 Medicare Utilization:** 58,618

2023 Work RVU: 0.80
2023 NF PE RVU: 2.61
2023 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 **2021 Medicare Utilization:** 87,211

2023 Work RVU: 1.10
2023 NF PE RVU: 2.90
2023 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 **2021 Medicare Utilization:** 39,225

2023 Work RVU: 1.30
2023 NF PE RVU: 3.24
2023 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 **2021 Medicare Utilization:** 7,132

2023 Work RVU: 1.68
2023 NF PE RVU: 3.58
2023 Fac PE RVU: 0.96
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 **2021 Medicare Utilization:** 648,206

2023 Work RVU: 0.17
2023 NF PE RVU: 0.24
2023 Fac PE RVU: 0.04

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

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

11720 **Debridement of nail(s) by any method(s); 1 to 5** **Global:** 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** Septemer 2011 **2021 Medicare Utilization:** 1,879,999

2023 Work RVU: 0.32
2023 NF PE RVU: 0.62
2023 Fac PE RVU: 0.07

RUC Recommendation: 0.32 (Interim) **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 5,698,272

2023 Work RVU: 0.54
2023 NF PE RVU: 0.74
2023 Fac PE RVU: 0.12

RUC Recommendation: 0.54 (Interim) **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 326,549

2023 Work RVU: 1.05
2023 NF PE RVU: 2.30
2023 Fac PE RVU: 0.44

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 167,442

2023 Work RVU: 1.58
2023 NF PE RVU: 3.07
2023 Fac PE RVU: 1.29

RUC Recommendation: 1.99

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

Result: Decrease

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

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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** APMA **Recommendation:**

First Identified: July 2016 **2021 Medicare Utilization:** 52,685

2023 Work RVU: 1.25
2023 NF PE RVU: 2.32
2023 Fac PE RVU: 0.44

RUC Recommendation: 1.25

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

Result: Decrease

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 **2021 Medicare Utilization:** 253,112

2023 Work RVU: 0.52
2023 NF PE RVU: 1.13
2023 Fac PE RVU: 0.31

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

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

11901 **Injection, intralesional; more than 7 lesions**

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

Most Recent RUC Meeting: April 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAD **First Identified:** February 2010 **2021 Medicare Utilization:** 69,181

2023 Work RVU: 0.80
2023 NF PE RVU: 1.21
2023 Fac PE RVU: 0.47

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

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

11980 **Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)**

Global: 000 **Issue:** 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 **2021 Medicare Utilization:** 29,305

2023 Work RVU: 1.10
2023 NF PE RVU: 1.55
2023 Fac PE RVU: 0.39

RUC Recommendation: 1.10 **Referred to CPT** May 2018 **Result:** Decrease

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 **2021 Medicare Utilization:** 8,284

2023 Work RVU: 1.14
2023 NF PE RVU: 1.67
2023 Fac PE RVU: 0.52

RUC Recommendation: 1.30 **Referred to CPT** May 2018 **Result:** Decrease

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 **2021 Medicare Utilization:** 2,738

2023 Work RVU: 1.34
2023 NF PE RVU: 1.78
2023 Fac PE RVU: 0.61

RUC Recommendation: 1.70 **Referred to CPT** May 2018 **Result:** Decrease

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 **2021 Medicare Utilization:** 1,339

2023 Work RVU: 1.91
2023 NF PE RVU: 2.01
2023 Fac PE RVU: 0.83

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 158,450

2023 Work RVU: 0.84
2023 NF PE RVU: 1.82
2023 Fac PE RVU: 0.33

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2021 Medicare Utilization:** 129,274

2023 Work RVU: 1.14
2023 NF PE RVU: 2.06
2023 Fac PE RVU: 0.39

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2021 Medicare Utilization:** 20,365

2023 Work RVU: 1.44
2023 NF PE RVU: 2.26
2023 Fac PE RVU: 0.46

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2021 Medicare Utilization:** 5,699

2023 Work RVU: 1.97
2023 NF PE RVU: 2.97
2023 Fac PE RVU: 0.47

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

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 **2021 Medicare Utilization:** 1,055

2023 Work RVU: 2.39
2023 NF PE RVU: 3.32
2023 Fac PE RVU: 0.61

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2021 Medicare Utilization:** 333

2023 Work RVU: 2.90
2023 NF PE RVU: 3.49
2023 Fac PE RVU: 0.84

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2021 Medicare Utilization:** 80,967

2023 Work RVU: 1.07
2023 NF PE RVU: 2.11
2023 Fac PE RVU: 0.37

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2021 Medicare Utilization:** 48,082

2023 Work RVU: 1.22
2023 NF PE RVU: 2.07
2023 Fac PE RVU: 0.27

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 6,474

2023 Work RVU: 1.57
2023 NF PE RVU: 2.43
2023 Fac PE RVU: 0.35

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

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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 **2021 Medicare Utilization:** 3,170

2023 Work RVU: 1.98
2023 NF PE RVU: 2.82
2023 Fac PE RVU: 0.44

RUC Recommendation: 1.98 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 443

2023 Work RVU: 2.68
2023 NF PE RVU: 3.41
2023 Fac PE RVU: 0.61

RUC Recommendation: 2.68 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 56

2023 Work RVU: 3.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.73

RUC Recommendation: 3.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 22

2023 Work RVU: 3.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.80

RUC Recommendation: 3.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 59,863

2023 Work RVU: 2.00
2023 NF PE RVU: 5.67
2023 Fac PE RVU: 2.26

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2021 Medicare Utilization:** 310,362

2023 Work RVU: 2.52
2023 NF PE RVU: 6.32
2023 Fac PE RVU: 2.83

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 32,053

2023 Work RVU: 2.97
2023 NF PE RVU: 6.68
2023 Fac PE RVU: 2.73

RUC Recommendation: 2.97 **Referred to CPT** **Result:** Maintain

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

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 **2021 Medicare Utilization:** 5,165

2023 Work RVU: 3.50
2023 NF PE RVU: 7.57
2023 Fac PE RVU: 3.04

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2021 Medicare Utilization:** 1,024

2023 Work RVU: 4.23
2023 NF PE RVU: 7.92
2023 Fac PE RVU: 3.31

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

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

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 **2021 Medicare Utilization:** 488

2023 Work RVU: 5.00
2023 NF PE RVU: 8.54
2023 Fac PE RVU: 3.73

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less**

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2021 Medicare Utilization:** 20,276

2023 Work RVU: 2.10
2023 NF PE RVU: 5.59
2023 Fac PE RVU: 1.95

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

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 **2021 Medicare Utilization:** 61,284

2023 Work RVU: 2.79
2023 NF PE RVU: 6.21
2023 Fac PE RVU: 2.70

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

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 **2021 Medicare Utilization:** 2,990

2023 Work RVU: 3.19
2023 NF PE RVU: 7.84
2023 Fac PE RVU: 2.72

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

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 **2021 Medicare Utilization:** 329

2023 Work RVU: 3.75
2023 NF PE RVU: 8.06
2023 Fac PE RVU: 3.77

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

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 **2021 Medicare Utilization:** 121

2023 Work RVU: 4.30
2023 NF PE RVU: 9.65
2023 Fac PE RVU: 4.11

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

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 **2021 Medicare Utilization:** 35

2023 Work RVU: 4.95
2023 NF PE RVU: 10.27
2023 Fac PE RVU: 4.35

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase

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

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 **2021 Medicare Utilization:** 53,156

2023 Work RVU: 2.33
2023 NF PE RVU: 5.91
2023 Fac PE RVU: 2.41

RUC Recommendation: 2.33 **Referred to CPT** **Result:** Decrease

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

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 **2021 Medicare Utilization:** 94,390

2023 Work RVU: 2.87
2023 NF PE RVU: 6.28
2023 Fac PE RVU: 2.71

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

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 **2021 Medicare Utilization:** 14,469

2023 Work RVU: 3.17
2023 NF PE RVU: 7.38
2023 Fac PE RVU: 2.82

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

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 **2021 Medicare Utilization:** 3,544

2023 Work RVU: 3.50
2023 NF PE RVU: 7.55
2023 Fac PE RVU: 2.50

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

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 **2021 Medicare Utilization:** 286

2023 Work RVU: 4.50
2023 NF PE RVU: 9.97
2023 Fac PE RVU: 3.62

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

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 **2021 Medicare Utilization:** 41

2023 Work RVU: 5.30
2023 NF PE RVU: 11.21
2023 Fac PE RVU: 5.22

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

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 **2021 Medicare Utilization:** 20

2023 Work RVU: 6.00
2023 NF PE RVU: 11.27
2023 Fac PE RVU: 5.42

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

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 **2021 Medicare Utilization:** 4,827

2023 Work RVU: 3.00
2023 NF PE RVU: 6.89
2023 Fac PE RVU: 2.58

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

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 **2021 Medicare Utilization:** 84,542

2023 Work RVU: 3.50
2023 NF PE RVU: 8.04
2023 Fac PE RVU: 3.43

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

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 **2021 Medicare Utilization:** 21,197

2023 Work RVU: 1.24
2023 NF PE RVU: 2.07
2023 Fac PE RVU: 0.69

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 10,368

2023 Work RVU: 3.23
2023 NF PE RVU: 7.07
2023 Fac PE RVU: 3.26

RUC Recommendation: 3.23 **Referred to CPT** September 2018 **Result:** Decrease

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 **2021 Medicare Utilization:** 182,651

2023 Work RVU: 4.00
2023 NF PE RVU: 8.34
2023 Fac PE RVU: 3.18

RUC Recommendation: 4.00 **Referred to CPT** September 2018 **Result:** Decrease

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 **2021 Medicare Utilization:** 27,329

2023 Work RVU: 1.44
2023 NF PE RVU: 2.16
2023 Fac PE RVU: 0.79

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Maintain

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 **2021 Medicare Utilization:** 32,774

2023 Work RVU: 3.73
2023 NF PE RVU: 7.50
2023 Fac PE RVU: 2.99

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

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 **2021 Medicare Utilization:** 252,586

2023 Work RVU: 4.78
2023 NF PE RVU: 8.83
2023 Fac PE RVU: 3.64

RUC Recommendation: 4.78 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 13,790

2023 Work RVU: 2.19
2023 NF PE RVU: 2.57
2023 Fac PE RVU: 1.23

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain

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

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

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

13151 **Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2021 Medicare Utilization:** 28,161

2023 Work RVU: 4.34
2023 NF PE RVU: 7.85
2023 Fac PE RVU: 3.37

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 47,544

2023 Work RVU: 5.34
2023 NF PE RVU: 8.93
2023 Fac PE RVU: 3.95

RUC Recommendation: 5.34 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 754

2023 Work RVU: 2.38
2023 NF PE RVU: 2.82
2023 Fac PE RVU: 1.31

RUC Recommendation: 2.38 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 5,804

2023 Work RVU: 6.37
2023 NF PE RVU: 11.59
2023 Fac PE RVU: 7.55

RUC Recommendation: 6.19 **Referred to CPT** **Result:** Decrease

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 8,527

2023 Work RVU: 8.78
2023 NF PE RVU: 13.91
2023 Fac PE RVU: 9.09

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2021 Medicare Utilization:** 15,643

2023 Work RVU: 7.22
2023 NF PE RVU: 12.81
2023 Fac PE RVU: 8.61

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 18,586

2023 Work RVU: 9.72
2023 NF PE RVU: 14.88
2023 Fac PE RVU: 10.03

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2021 Medicare Utilization:** 58,271

2023 Work RVU: 8.60
2023 NF PE RVU: 13.02
2023 Fac PE RVU: 8.84

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2021 Medicare Utilization:** 43,225

2023 Work RVU: 10.83
2023 NF PE RVU: 15.43
2023 Fac PE RVU: 10.49

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2021 Medicare Utilization:** 80,653

2023 Work RVU: 9.23
2023 NF PE RVU: 12.62
2023 Fac PE RVU: 9.42

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2021 Medicare Utilization:** 29,256

2023 Work RVU: 11.48
2023 NF PE RVU: 16.86
2023 Fac PE RVU: 11.43

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:** 39,025

2023 Work RVU: 12.65
2023 NF PE RVU: 17.84
2023 Fac PE RVU: 11.23

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

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

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

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

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 46,941

2023 Work RVU: 3.73
2023 NF PE RVU: 2.01
2023 Fac PE RVU: 2.01

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

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

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

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

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2021 Medicare Utilization:** 23,825

2023 Work RVU: 3.65
2023 NF PE RVU: 6.05
2023 Fac PE RVU: 2.20

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 33,789

2023 Work RVU: 4.58
2023 NF PE RVU: 6.58
2023 Fac PE RVU: 2.49

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

Referred to CPT

Result: Maintain

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

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 **2021 Medicare Utilization:** 11,671

2023 Work RVU: 9.90
2023 NF PE RVU: 14.27
2023 Fac PE RVU: 9.58

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

Referred to CPT

Result: Maintain

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

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 **2021 Medicare Utilization:** 7,599

2023 Work RVU: 10.15
2023 NF PE RVU: 13.55
2023 Fac PE RVU: 8.78

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

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

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

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

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 **2021 Medicare Utilization:** 9,254

2023 Work RVU: 8.09
2023 NF PE RVU: 13.81
2023 Fac PE RVU: 8.92

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 **2021 Medicare Utilization:** 12,274

2023 Work RVU: 10.41
2023 NF PE RVU: 15.99
2023 Fac PE RVU: 11.86

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

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

Result: Maintain

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 **2021 Medicare Utilization:** 134,215

2023 Work RVU: 1.50
2023 NF PE RVU: 2.88
2023 Fac PE RVU: 0.75

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

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 17,378

2023 Work RVU: 0.33
2023 NF PE RVU: 0.35
2023 Fac PE RVU: 0.12

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

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 6,285

2023 Work RVU: 3.50
2023 NF PE RVU: 5.17
2023 Fac PE RVU: 1.65

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 27,593

2023 Work RVU: 0.80
2023 NF PE RVU: 1.50
2023 Fac PE RVU: 0.35

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease

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

15275 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 153,979

2023 Work RVU: 1.83
2023 NF PE RVU: 2.72
2023 Fac PE RVU: 0.73

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease

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

15276 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 7,165

2023 Work RVU: 0.50
2023 NF PE RVU: 0.40
2023 Fac PE RVU: 0.17

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

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 **2021 Medicare Utilization:** 1,611

2023 Work RVU: 4.00
2023 NF PE RVU: 5.62
2023 Fac PE RVU: 1.93

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **Result:** Decrease

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

15278 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 2,798

2023 Work RVU: 1.00
2023 NF PE RVU: 1.67
2023 Fac PE RVU: 0.46

RUC Recommendation: 1.00 **Referred to CPT** February 2011 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

15330 **Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

15331 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

15335 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15400 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

15401 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

15420 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15570 **Formation of direct or tubed pedicle, with or without transfer; trunk** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2021 Medicare Utilization:** 275

2023 Work RVU: 10.21
2023 NF PE RVU: 15.08
2023 Fac PE RVU: 9.66

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Maintain

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

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2021 Medicare Utilization:** 556

2023 Work RVU: 10.12
2023 NF PE RVU: 14.55
2023 Fac PE RVU: 10.13

RUC Recommendation: 9.94 **Referred to CPT** **Result:** Maintain

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

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,494

2023 Work RVU: 10.70
2023 NF PE RVU: 13.97
2023 Fac PE RVU: 9.62

RUC Recommendation: 10.52 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,373

2023 Work RVU: 9.37
2023 NF PE RVU: 12.89
2023 Fac PE RVU: 8.81

RUC Recommendation: 9.24 **Referred to CPT** **Result:** Maintain

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

15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

Global: 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 **2021 Medicare Utilization:** 1,428

2023 Work RVU: 13.50
2023 NF PE RVU: 27.74
2023 Fac PE RVU: 12.19

RUC Recommendation: 13.50 **Referred to CPT** **Result:** Decrease

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

15731 **Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2021 Medicare Utilization:** 2,090

2023 Work RVU: 14.38
2023 NF PE RVU: 17.13
2023 Fac PE RVU: 13.26

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Result:** Not Part of RAW

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

Status Report: CMS Requests and Relativity Assessment Issues

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

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

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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 RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2017 **2021 Medicare Utilization:** 4,590

2023 Work RVU: 15.68
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.58

RUC Recommendation: 15.68 **Referred to CPT** **Result:** Decrease

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 RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2021 Medicare Utilization:** 21,636

2023 Work RVU: 23.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.93

RUC Recommendation: 23.00 **Referred to CPT** September 2016 **Result:** Increase

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 **2021 Medicare Utilization:** 1,347

2023 Work RVU: 17.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.03

RUC Recommendation: 17.04 **Referred to CPT** September 2016 **Result:** Maintain

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

15738 **Muscle, myocutaneous, or fasciocutaneous flap; lower extremity** **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2016 **2021 Medicare Utilization:** 5,370

2023 Work RVU: 19.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.25

RUC Recommendation: 19.04 **Referred to CPT** September 2016 **Result:** Maintain

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

15740 **Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel** **Global:** 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,879

2023 Work RVU: 11.80
2023 NF PE RVU: 16.71
2023 Fac PE RVU: 11.52

RUC Recommendation: 11.57 **Referred to CPT** February 2009 & February 2012 **Result:** Maintain

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?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, ASPS **First Identified:** May 2018 **2021 Medicare Utilization:** 5,780

2023 Work RVU: 6.68
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.45

RUC Recommendation: Refer to CPT Assistant. 6.68.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2023

Result: Increase

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 **2021 Medicare Utilization:** 3,401

2023 Work RVU: 6.73
2023 NF PE RVU: 10.21
2023 Fac PE RVU: 7.21

RUC Recommendation: 6.73

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

Result: Increase

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 **2021 Medicare Utilization:** 7,322

2023 Work RVU: 2.50
2023 NF PE RVU: 2.77
2023 Fac PE RVU: 1.46

RUC Recommendation: 2.50

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

Result: Increase

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 **2021 Medicare Utilization:** 394

2023 Work RVU: 6.83
2023 NF PE RVU: 9.91
2023 Fac PE RVU: 7.01

RUC Recommendation: 6.83 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 75

2023 Work RVU: 2.41
2023 NF PE RVU: 2.74
2023 Fac PE RVU: 1.43

RUC Recommendation: 2.41 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 7,275

2023 Work RVU: 3.65
2023 NF PE RVU: 2.03
2023 Fac PE RVU: 2.03

RUC Recommendation: 3.65 **Referred to CPT** February 2011 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 7.05
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.83

RUC Recommendation: 8.00 **Referred to CPT** February 2021 **Result:** Decrease

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

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2021 Medicare Utilization:** 81,846

2023 Work RVU: 6.81
2023 NF PE RVU: 11.13
2023 Fac PE RVU: 8.97

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease

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

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2021 Medicare Utilization:** 13,542

2023 Work RVU: 0.71
2023 NF PE RVU: 1.73
2023 Fac PE RVU: 0.82

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

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

Status Report: CMS Requests and Relativity Assessment Issues

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2021 Medicare Utilization:** 1,828

2023 Work RVU: 1.74
2023 NF PE RVU: 2.67
2023 Fac PE RVU: 1.27

RUC Recommendation: 1.85 **Referred to CPT** **Result:** Maintain

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

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2021 Medicare Utilization:** 1,085

2023 Work RVU: 2.08
2023 NF PE RVU: 3.41
2023 Fac PE RVU: 1.43

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

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2021 Medicare Utilization:** 5,622,795

2023 Work RVU: 0.61
2023 NF PE RVU: 1.34
2023 Fac PE RVU: 0.96

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (list separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD

First Identified: October 2010 **2021 Medicare Utilization:** 18,009,083

2023 Work RVU: 0.04
2023 NF PE RVU: 0.16
2023 Fac PE RVU: 0.02

RUC Recommendation: 0.04

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

Result: Decrease

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 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2021 Medicare Utilization:** 820,987

2023 Work RVU: 1.37
2023 NF PE RVU: 3.53
2023 Fac PE RVU: 1.41

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

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

Result: Decrease

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 **2021 Medicare Utilization:** 3,465

2023 Work RVU: 3.69
2023 NF PE RVU: 6.17
2023 Fac PE RVU: 4.10

RUC Recommendation: 3.61

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

Result: Decrease

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 **2021 Medicare Utilization:** 1,668

2023 Work RVU: 4.79
2023 NF PE RVU: 8.00
2023 Fac PE RVU: 5.32

RUC Recommendation: 4.68 **Referred to CPT** **Result:** Decrease

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

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2021 Medicare Utilization:** 4,917

2023 Work RVU: 7.49
2023 NF PE RVU: 10.44
2023 Fac PE RVU: 7.16

RUC Recommendation: 6.37 **Referred to CPT** **Result:** Decrease

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

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2021 Medicare Utilization:** 2,645,400

2023 Work RVU: 0.70
2023 NF PE RVU: 2.64
2023 Fac PE RVU: 1.23

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

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 **2021 Medicare Utilization:** 129,756

2023 Work RVU: 0.97
2023 NF PE RVU: 2.91
2023 Fac PE RVU: 1.38

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

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

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

Global: 000 **Issue:** 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 **2021 Medicare Utilization:** 248,217

2023 Work RVU: 0.50
2023 NF PE RVU: 2.05
2023 Fac PE RVU: 0.53

RUC Recommendation: Review in 3 years (Jan 2025). **Referred to CPT** September 2016 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2021 Medicare Utilization:** 127,721

2023 Work RVU: 1.22
2023 NF PE RVU: 3.10
2023 Fac PE RVU: 1.23

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2021 Medicare Utilization:** 283,361

2023 Work RVU: 1.63
2023 NF PE RVU: 3.55
2023 Fac PE RVU: 1.47

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

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

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2021 Medicare Utilization:** 46,244

2023 Work RVU: 1.54
2023 NF PE RVU: 3.29
2023 Fac PE RVU: 1.42

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain

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

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2021 Medicare Utilization:** 75,889

2023 Work RVU: 1.82
2023 NF PE RVU: 3.65
2023 Fac PE RVU: 1.58

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 69,196

2023 Work RVU: 1.77
2023 NF PE RVU: 3.44
2023 Fac PE RVU: 1.55

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain

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

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2021 Medicare Utilization:** 69,607

2023 Work RVU: 2.09
2023 NF PE RVU: 3.86
2023 Fac PE RVU: 1.74

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain

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

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2021 Medicare Utilization:** 820,299

2023 Work RVU: 6.20
2023 NF PE RVU: 13.47
2023 Fac PE RVU: 3.66

RUC Recommendation: 6.20 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 483,735

2023 Work RVU: 3.30
2023 NF PE RVU: 8.69
2023 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 **2021 Medicare Utilization:** 158,672

2023 Work RVU: 5.56
2023 NF PE RVU: 12.94
2023 Fac PE RVU: 3.28
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 **2021 Medicare Utilization:** 61,232

2023 Work RVU: 3.06
2023 NF PE RVU: 8.46
2023 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 **2021 Medicare Utilization:** 18,666

2023 Work RVU: 0.87
2023 NF PE RVU: 1.39
2023 Fac PE RVU: 0.52

RUC Recommendation: 0.87 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 1,246

2023 Work RVU: 3.83
2023 NF PE RVU: 9.45
2023 Fac PE RVU: 4.70

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 58,442

2023 Work RVU: 3.29
2023 NF PE RVU: 11.55
2023 Fac PE RVU: 1.19

RUC Recommendation: 3.29 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 4,569

2023 Work RVU: 1.65
2023 NF PE RVU: 9.94
2023 Fac PE RVU: 0.60

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Result:** Decrease

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

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 113,588

2023 Work RVU: 3.10
2023 NF PE RVU: 11.77
2023 Fac PE RVU: 1.12

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Result:** Decrease

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

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 15,183

2023 Work RVU: 1.55
2023 NF PE RVU: 9.88
2023 Fac PE RVU: 0.57

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

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

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 6,597

2023 Work RVU: 3.64
2023 NF PE RVU: 19.36
2023 Fac PE RVU: 1.32

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Result:** Decrease

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

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 1,477

2023 Work RVU: 1.82
2023 NF PE RVU: 16.14
2023 Fac PE RVU: 0.66

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease

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

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

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 26,026

2023 Work RVU: 2.00
2023 NF PE RVU: 5.08
2023 Fac PE RVU: 0.73

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19282 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 3,373

2023 Work RVU: 1.00
2023 NF PE RVU: 4.06
2023 Fac PE RVU: 0.37

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 3,712

2023 Work RVU: 2.00
2023 NF PE RVU: 5.64
2023 Fac PE RVU: 0.73

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 441

2023 Work RVU: 1.00
2023 NF PE RVU: 4.67
2023 Fac PE RVU: 0.36

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 26,948

2023 Work RVU: 1.70
2023 NF PE RVU: 9.35
2023 Fac PE RVU: 0.62

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 2,285

2023 Work RVU: 0.85
2023 NF PE RVU: 8.27
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Result:** Decrease

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

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 304

2023 Work RVU: 2.55
2023 NF PE RVU: 16.59
2023 Fac PE RVU: 0.93

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Result:** Decrease

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

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2021 Medicare Utilization:** 62

2023 Work RVU: 1.28
2023 NF PE RVU: 13.60
2023 Fac PE RVU: 0.47

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2021 Medicare Utilization:** 23,640

2023 Work RVU: 15.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.01
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 **2021 Medicare Utilization:** 4,668

2023 Work RVU: 17.99
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.93
Result: Decrease

RUC Recommendation: 17.99

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

19318 **Breast reduction**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 6,789

2023 Work RVU: 16.03
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.73
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 **2021 Medicare Utilization:** 3,355

2023 Work RVU: 10.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.28

RUC Recommendation: 11.00 **Referred to CPT** **Result:** Decrease

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

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 **2021 Medicare Utilization:** 5,825

2023 Work RVU: 14.84
2023 NF PE RVU: NA
2023 Fac PE RVU: 17.12

RUC Recommendation: 15.36 **Referred to CPT** October 2009 **Result:** Decrease

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

20000 **Deleted from CPT**

Global: **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 11,940

2023 Work RVU: 1.65
2023 NF PE RVU: 5.27
2023 Fac PE RVU: 0.77

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 12,681

2023 Work RVU: 2.45
2023 NF PE RVU: 8.91
2023 Fac PE RVU: 1.11

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 6,890

2023 Work RVU: 2.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.24

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

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 **2021 Medicare Utilization:** 4,386

2023 Work RVU: 6.00
2023 NF PE RVU: NA
2023 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 **2021 Medicare Utilization:** 1,390

2023 Work RVU: 3.54
2023 NF PE RVU: 9.82
2023 Fac PE RVU: 3.20

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 **2021 Medicare Utilization:** 96,094

2023 Work RVU: 0.94
2023 NF PE RVU: 1.34
2023 Fac PE RVU: 0.58

RUC Recommendation: Remove fromm 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 **2021 Medicare Utilization:** 816,296

2023 Work RVU: 0.75
2023 NF PE RVU: 0.88
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

20551 **Injection(s); single tendon origin/insertion** **Global:** 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2021 Medicare Utilization:** 136,149

2023 Work RVU: 0.75
2023 NF PE RVU: 0.88
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 293,265

2023 Work RVU: 0.66
2023 NF PE RVU: 0.84
2023 Fac PE RVU: 0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 353,939

2023 Work RVU: 0.75
2023 NF PE RVU: 0.98
2023 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2021 Medicare Utilization:** 429,910

2023 Work RVU: 0.66
2023 NF PE RVU: 0.84
2023 Fac PE RVU: 0.31

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

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 **2021 Medicare Utilization:** 50,301

2023 Work RVU: 0.89
2023 NF PE RVU: 1.47
2023 Fac PE RVU: 0.37

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 402,457

2023 Work RVU: 0.68
2023 NF PE RVU: 0.87
2023 Fac PE RVU: 0.32

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2021 Medicare Utilization:** 57,211

2023 Work RVU: 1.00
2023 NF PE RVU: 1.55
2023 Fac PE RVU: 0.42

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 5,959,151

2023 Work RVU: 0.79
2023 NF PE RVU: 1.02
2023 Fac PE RVU: 0.43

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,095,993

2023 Work RVU: 1.10
2023 NF PE RVU: 1.72
2023 Fac PE RVU: 0.51

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Result:** Decrease

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

20612 **Aspiration and/or injection of ganglion cyst(s) any location**

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

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2021 Medicare Utilization:** 25,152

2023 Work RVU: 0.70
2023 NF PE RVU: 1.12
2023 Fac PE RVU: 0.42

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

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

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

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

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2021 Medicare Utilization:** 48,037

2023 Work RVU: 5.96
2023 NF PE RVU: 11.09
2023 Fac PE RVU: 5.58

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Result:** Maintain

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

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 **2021 Medicare Utilization:** 2,999

2023 Work RVU: 16.27
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.54

RUC Recommendation: Maintain

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

Result: Maintain

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 **2021 Medicare Utilization:** 5,650

2023 Work RVU: 4.28
2023 NF PE RVU: 7.93
2023 Fac PE RVU: 5.22

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 **2021 Medicare Utilization:** 1,045

2023 Work RVU: 1.50
2023 NF PE RVU: 0.74
2023 Fac PE RVU: 0.74

RUC Recommendation: 1.50

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

Result: Increase

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 **2021 Medicare Utilization:** 230

2023 Work RVU: 1.13
2023 NF PE RVU: 0.57
2023 Fac PE RVU: 0.57

RUC Recommendation: 1.13

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

Result: Increase

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 **2021 Medicare Utilization:** 478

2023 Work RVU: 2.50 **2023 NF PE RVU:** 1.24 **2023 Fac PE RVU:** 1.24

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 94

2023 Work RVU: 1.80 **2023 NF PE RVU:** 0.90 **2023 Fac PE RVU:** 0.90

RUC Recommendation: 1.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 390

2023 Work RVU: 2.60 **2023 NF PE RVU:** 1.27 **2023 Fac PE RVU:** 1.27

RUC Recommendation: 2.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 118

2023 Work RVU: 2.15 **2023 NF PE RVU:** 1.12 **2023 Fac PE RVU:** 1.12

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,243

2023 Work RVU: 3.00
2023 NF PE RVU: 8.24
2023 Fac PE RVU: 1.89

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

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 **2021 Medicare Utilization:** 4,148

2023 Work RVU: 4.58
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.79

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 355

2023 Work RVU: 9.89
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.38

RUC Recommendation: 9.71 **Referred to CPT** June 2008 **Result:** Increase

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 **2021 Medicare Utilization:** 4,293

2023 Work RVU: 10.03
2023 NF PE RVU: 12.56
2023 Fac PE RVU: 8.63

RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 366

2023 Work RVU: 14.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.77

RUC Recommendation: 14.57 **Referred to CPT** June 2008 **Result:** Decrease

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

21800 **Closed treatment of rib fracture, uncomplicated, each** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

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

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2021 Medicare Utilization:** 447

2023 Work RVU: 10.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.26

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease

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

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2021 Medicare Utilization:** 537

2023 Work RVU: 13.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.27

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 70

2023 Work RVU: 17.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.11

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 145

2023 Work RVU: 1.36
2023 NF PE RVU: 2.96
2023 Fac PE RVU: 2.89

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

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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 **2021 Medicare Utilization:** 538

2023 Work RVU: 7.76
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.93

RUC Recommendation: Unrelated to the family **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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 **2021 Medicare Utilization:** 191

2023 Work RVU: 15.72
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.23

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Decrease

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 **2021 Medicare Utilization:** 7,078

2023 Work RVU: 21.02
2023 NF PE RVU: NA
2023 Fac PE RVU: 18.38

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

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

22305 **Closed treatment of vertebral process fracture(s)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab:** 23 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2021 Medicare Utilization:** 5,433

2023 Work RVU: 3.45
2023 NF PE RVU: 5.21
2023 Fac PE RVU: 4.79

RUC Recommendation: 3.45. Flag for Rereview **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 2,333

2023 Work RVU: 7.90
2023 NF PE RVU: 45.90
2023 Fac PE RVU: 3.81

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Decrease

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

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 2,791

2023 Work RVU: 7.33
2023 NF PE RVU: 46.28
2023 Fac PE RVU: 3.68

RUC Recommendation: 8.05 **Referred to CPT** February 2014 **Result:** Decrease

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

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 1,724

2023 Work RVU: 4.00
2023 NF PE RVU: 17.39
2023 Fac PE RVU: 1.44

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 20,004

2023 Work RVU: 8.65
2023 NF PE RVU: 163.54
2023 Fac PE RVU: 4.90

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease

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

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 22,125

2023 Work RVU: 7.99
2023 NF PE RVU: 163.48
2023 Fac PE RVU: 4.66

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease

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

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 13,352

2023 Work RVU: 4.00
2023 NF PE RVU: 84.49
2023 Fac PE RVU: 1.67

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global:

Issue: Percutaneous Vertebroplasty and Augementation

Screen: CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 06

Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: February 2009

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Result: Deleted from CPT

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global:

Issue: Percutaneous Vertebroplasty and Augementation

Screen: Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 06

Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: September 2007

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Result: Deleted from CPT

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 Augementation

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 06

Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: April 2014

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

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 Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

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 Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 626

2023 Work RVU: 24.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 18.65

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

Referred to CPT

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

Result: Remove from Screen

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below c2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2021 Medicare Utilization:** 32,408

2023 Work RVU: 25.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 18.00

RUC Recommendation: 24.50

Referred to CPT October 2009

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

Result: Decrease

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for 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 **2021 Medicare Utilization:** 29,355

2023 Work RVU: 6.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.22

RUC Recommendation: 6.50

Referred to CPT October 2009

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More / 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 **2021 Medicare Utilization:** 3,525

2023 Work RVU: 17.69
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.61

RUC Recommendation: Refer to CPT Assistant. 17.69 **Referred to CPT** October 2009 **Result:** Maintain

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 **2021 Medicare Utilization:** 19,532

2023 Work RVU: 23.53
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.89

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

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 **2021 Medicare Utilization:** 15,241

2023 Work RVU: 5.52
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.57

RUC Recommendation: Remove from screen **Referred to CPT** October 2009 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22612 **Arthrodesis, posterior or posterolateral technique, single 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 **2021 Medicare Utilization:** 41,571

2023 Work RVU: 23.53
2023 NF PE RVU: NA
2023 Fac PE RVU: 17.40
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 **2021 Medicare Utilization:** 141,438

2023 Work RVU: 6.43
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.20
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 **2021 Medicare Utilization:** 4,711

2023 Work RVU: 22.09
2023 NF PE RVU: NA
2023 Fac PE RVU: 17.17
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 **2021 Medicare Utilization:** 1,744

2023 Work RVU: 5.22
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.57

RUC Recommendation: 5.22 **Referred to CPT** **Result:** Decrease

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

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, 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 **2021 Medicare Utilization:** 34,099

2023 Work RVU: 26.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 19.26

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Result:** Decrease

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

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, 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 **2021 Medicare Utilization:** 13,188

2023 Work RVU: 7.96
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.96

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease

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 **2021 Medicare Utilization:** 9,010

2023 Work RVU: 13.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.70

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

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 **2021 Medicare Utilization:** 3,692

2023 Work RVU: 19.17
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.45

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain

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:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2021 Medicare Utilization:** 1,019

2023 Work RVU: 5.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.74
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 **2021 Medicare Utilization:** 1,325

2023 Work RVU: 15.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.64
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:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2021 Medicare Utilization:** 216

2023 Work RVU: 4.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.98
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 **2021 Medicare Utilization:** 459

2023 Work RVU: 8.32
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.76

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase

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

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 529

2023 Work RVU: 7.41
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.36

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease

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

23120 **Claviculectomy; partial**

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

Most Recent RUC Meeting: April 2008 **Tab:** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 4,394

2023 Work RVU: 7.39
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.91

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain

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

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,106

2023 Work RVU: 7.77
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.38

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 28,470

2023 Work RVU: 1.00
2023 NF PE RVU: 3.86
2023 Fac PE RVU: 0.38

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

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

23405 **Tenotomy, shoulder area; single tendon**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,822

2023 Work RVU: 8.54
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.51

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

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

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

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

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 2,475

2023 Work RVU: 11.39
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.05

RUC Recommendation: 11.23 **Referred to CPT** **Result:** Decrease

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

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 8,050

2023 Work RVU: 11.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.35

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 308

2023 Work RVU: 9.23
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.00
Result: Decrease

RUC Recommendation: 9.23

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

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,285

2023 Work RVU: 13.54
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.04
Result: Decrease

RUC Recommendation: 13.35

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

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 20,034

2023 Work RVU: 10.17
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.30
Result: Maintain

RUC Recommendation: 10.17

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

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,186

2023 Work RVU: 10.64
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.03
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

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 **2021 Medicare Utilization:** 63,266

2023 Work RVU: 22.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.78

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

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 **2021 Medicare Utilization:** 250

2023 Work RVU: 2.36
2023 NF PE RVU: 4.57
2023 Fac PE RVU: 4.48

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 28,693

2023 Work RVU: 3.00
2023 NF PE RVU: 6.69
2023 Fac PE RVU: 6.15

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

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 **2021 Medicare Utilization:** 136

2023 Work RVU: 4.10
2023 NF PE RVU: 7.01
2023 Fac PE RVU: 5.99

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 13,014

2023 Work RVU: 3.53
2023 NF PE RVU: 5.96
2023 Fac PE RVU: 4.96

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 2,615

2023 Work RVU: 4.76
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.75

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 400

2023 Work RVU: 4.66
2023 NF PE RVU: 7.74
2023 Fac PE RVU: 6.65

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 696

2023 Work RVU: 5.39
2023 NF PE RVU: 8.98
2023 Fac PE RVU: 7.38

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 1,098

2023 Work RVU: 4.37
2023 NF PE RVU: 6.36
2023 Fac PE RVU: 5.25

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2021 Medicare Utilization:** 382

2023 Work RVU: 5.64
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.80

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2021 Medicare Utilization:** 897

2023 Work RVU: 7.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.34

RUC Recommendation: 7.56 **Referred to CPT** **Result:** Maintain

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

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 **2021 Medicare Utilization:** 2,946

2023 Work RVU: 6.12
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.72

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 781

2023 Work RVU: 8.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.67
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 **2021 Medicare Utilization:** 1,573

2023 Work RVU: 7.39
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.40
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:** Forearm Repair **Screen:** Site of Service Anomaly / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 6,429

2023 Work RVU: 8.08
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.23
Result: Decrease

RUC Recommendation: Refer to CPT for code bundling solution. 7.94

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

Status Report: CMS Requests and Relativity Assessment Issues

25447 **Arthroplasty, interposition, intercarpal or carpometacarpal joints** **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:** AAOS, ASSH **First Identified:** April 2022 **2021 Medicare Utilization:** 19,236

2023 Work RVU: 11.14
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.88

RUC Recommendation: Refer to CPT for code bundling solution **Referred to CPT** May 2023 **Result:**

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 **2021 Medicare Utilization:** 509

2023 Work RVU: 5.85
2023 NF PE RVU: 8.94
2023 Fac PE RVU: 7.24

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2021 Medicare Utilization:** 18,717

2023 Work RVU: 6.25
2023 NF PE RVU: 9.05
2023 Fac PE RVU: 8.13

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,217

2023 Work RVU: 8.31
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.29

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

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 **2021 Medicare Utilization:** 8,346

2023 Work RVU: 9.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.96

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

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 **2021 Medicare Utilization:** 6,610

2023 Work RVU: 11.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.77

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 18,378

2023 Work RVU: 14.38
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.55

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

Result: Maintain

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 **2021 Medicare Utilization:** 424

2023 Work RVU: 4.89
2023 NF PE RVU: 8.15
2023 Fac PE RVU: 6.76

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

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 **2021 Medicare Utilization:** 2,089

2023 Work RVU: 6.84
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.73

RUC Recommendation: 7.79

Referred to CPT

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

Result: Increase

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 **2021 Medicare Utilization:** 100,337

2023 Work RVU: 3.11
2023 NF PE RVU: 14.23
2023 Fac PE RVU: 5.17

RUC Recommendation: 3.75

Referred to CPT

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,711

2023 Work RVU: 4.47
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.83

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

Result: Maintain

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 **2021 Medicare Utilization:** 16,269

2023 Work RVU: 3.57
2023 NF PE RVU: 14.45
2023 Fac PE RVU: 5.38

RUC Recommendation: 3.57 **Referred to CPT**

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

Result: Maintain

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 **2021 Medicare Utilization:** 1,079

2023 Work RVU: 9.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.76

RUC Recommendation: 10.03 **Referred to CPT**

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 74

2023 Work RVU: 11.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.71

RUC Recommendation: 11.50 **Referred to CPT** **Result:** Increase

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

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2021 Medicare Utilization:** 45

2023 Work RVU: 12.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.53

RUC Recommendation: 13.10 **Referred to CPT** **Result:** Increase

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

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** October 2008 **2021 Medicare Utilization:** 10,266

2023 Work RVU: 6.90
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.76

RUC Recommendation: Refer to CPT for code bundling solution. 6.76 **Referred to CPT** May 2023 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 528

2023 Work RVU: 3.83
2023 NF PE RVU: 5.90
2023 Fac PE RVU: 5.06

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2021 Medicare Utilization:** 5,602

2023 Work RVU: 1.80
2023 NF PE RVU: 3.66
2023 Fac PE RVU: 3.71

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 541

2023 Work RVU: 3.23
2023 NF PE RVU: 6.01
2023 Fac PE RVU: 4.60

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 5,370

2023 Work RVU: 3.15
2023 NF PE RVU: 5.12
2023 Fac PE RVU: 4.32

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 285

2023 Work RVU: 8.85
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.58

RUC Recommendation: 8.74 **Referred to CPT** June 2008 **Result:** Increase

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

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 **2021 Medicare Utilization:** 1,724

2023 Work RVU: 5.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.89

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain

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

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or ct) including arthrography when performed**

Global: 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2021 Medicare Utilization:** 438,770

2023 Work RVU: 1.48
2023 NF PE RVU: 3.25
2023 Fac PE RVU: 0.83

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 160,657

2023 Work RVU: 19.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.85
Result: Decrease

RUC Recommendation: 19.60

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

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

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

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2021 Medicare Utilization:** 9,972

2023 Work RVU: 30.28
2023 NF PE RVU: NA
2023 Fac PE RVU: 20.40
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 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

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

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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

2021 Medicare Utilization: 8,300

2023 Work RVU: 1.53

2023 NF PE RVU: NA

2023 Fac PE RVU: 2.19

RUC Recommendation: 5.50

Referred to CPT

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

Result: Decrease

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

2021 Medicare Utilization: 158

2023 Work RVU: 4.75

2023 NF PE RVU: NA

2023 Fac PE RVU: 3.86

RUC Recommendation: 9.00

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 2,404

2023 Work RVU: 5.50
2023 NF PE RVU: 6.08
2023 Fac PE RVU: 5.89

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

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

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 **2021 Medicare Utilization:** 1,295

2023 Work RVU: 5.81
2023 NF PE RVU: 7.85
2023 Fac PE RVU: 7.56

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 165

2023 Work RVU: 11.72
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.74

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 54,867

2023 Work RVU: 17.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.60

RUC Recommendation: 17.61 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 216

2023 Work RVU: 13.81
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.15
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2021 Medicare Utilization:** 4,207

2023 Work RVU: 18.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.92
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 **2021 Medicare Utilization:** 76,680

2023 Work RVU: 18.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.91
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 **2021 Medicare Utilization:** 2,685

2023 Work RVU: 3.82
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.77
Result: Decrease

RUC Recommendation: 3.82 **Referred to CPT**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 950

2023 Work RVU: 11.03
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.41

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

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 **2021 Medicare Utilization:** 6,754

2023 Work RVU: 5.24
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.37

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 4,920

2023 Work RVU: 7.78
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.34

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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:** Arthodesis - 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 **2021 Medicare Utilization:** 6,570

2023 Work RVU: 12.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.71

RUC Recommendation: 9.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 686

2023 Work RVU: 5.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.24

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

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

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 **2021 Medicare Utilization:** 22,566

2023 Work RVU: 0.77
2023 NF PE RVU: 4.74
2023 Fac PE RVU: 0.33

RUC Recommendation: Review action plan. 0.96 **Referred to CPT** February 2018 **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial or lateral compartment**

Global: 090 **Issue:** 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 **2021 Medicare Utilization:** 12,587

2023 Work RVU: 17.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.79

RUC Recommendation: 17.13 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 269,146

2023 Work RVU: 19.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.82

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 369

2023 Work RVU: 11.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.10

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 309

2023 Work RVU: 9.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.81

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 251

2023 Work RVU: 5.98
2023 NF PE RVU: 8.55
2023 Fac PE RVU: 7.25

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 223

2023 Work RVU: 8.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.36

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 223

2023 Work RVU: 15.72
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.71

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Increase

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 **2021 Medicare Utilization:** 480

2023 Work RVU: 6.91
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.00

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease

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

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,529

2023 Work RVU: 12.24
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.55

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **Result:** Maintain

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

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2021 Medicare Utilization:** 947

2023 Work RVU: 9.84
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.17

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease

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

27650 **Repair, primary, open or percutaneous, ruptured achilles tendon;**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2021 Medicare Utilization:** 2,239

2023 Work RVU: 9.21
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.17

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 2,863

2023 Work RVU: 10.53
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.37

RUC Recommendation: 10.32 **Referred to CPT** **Result:** Maintain

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

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 3,563

2023 Work RVU: 6.69
2023 NF PE RVU: 12.11
2023 Fac PE RVU: 6.39

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

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

27687 **Gastrocnemius recession (eg, strayer procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 6,035

2023 Work RVU: 6.41
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.31

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

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 **2021 Medicare Utilization:** 1,139

2023 Work RVU: 9.17
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.66

RUC Recommendation: 8.96 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 3,950

2023 Work RVU: 10.49
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.11

RUC Recommendation: 10.28 **Referred to CPT** **Result:** Maintain

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

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 995

2023 Work RVU: 6.27
2023 NF PE RVU: 8.83
2023 Fac PE RVU: 7.42

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 377

2023 Work RVU: 5.47
2023 NF PE RVU: 8.27
2023 Fac PE RVU: 6.82

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 6,357

2023 Work RVU: 8.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.10

RUC Recommendation: 9.71 **Referred to CPT** **Result:** Maintain

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

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 2,691

2023 Work RVU: 5.32
2023 NF PE RVU: 8.15
2023 Fac PE RVU: 6.69

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 9,365

2023 Work RVU: 10.62
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.39

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Result:** Maintain

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

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 **2021 Medicare Utilization:** 3,552

2023 Work RVU: 5.69
2023 NF PE RVU: 8.25
2023 Fac PE RVU: 6.61

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 643

2023 Work RVU: 6.69
2023 NF PE RVU: 8.63
2023 Fac PE RVU: 6.98

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 1,865

2023 Work RVU: 4.77
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.10

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 2,370

2023 Work RVU: 2.00
2023 NF PE RVU: 2.93
2023 Fac PE RVU: 0.67

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

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 **2021 Medicare Utilization:** 5,947

2023 Work RVU: 2.79
2023 NF PE RVU: 4.31
2023 Fac PE RVU: 1.11

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

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 **2021 Medicare Utilization:** 5,176

2023 Work RVU: 5.28
2023 NF PE RVU: 5.47
2023 Fac PE RVU: 1.84

RUC Recommendation: 5.28 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 927

2023 Work RVU: 5.15
2023 NF PE RVU: 8.51
2023 Fac PE RVU: 3.85

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 5,004

2023 Work RVU: 7.31
2023 NF PE RVU: 11.77
2023 Fac PE RVU: 6.58

RUC Recommendation: 8.27 **Referred to CPT** **Result:** Increase

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

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 13,380

2023 Work RVU: 6.76
2023 NF PE RVU: 10.11
2023 Fac PE RVU: 5.58

RUC Recommendation: 7.72 **Referred to CPT** **Result:** Maintain

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

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 8,600

2023 Work RVU: 5.00
2023 NF PE RVU: 8.69
2023 Fac PE RVU: 4.49

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

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

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2021 Medicare Utilization:** 55,616

2023 Work RVU: 5.62
2023 NF PE RVU: 9.80
2023 Fac PE RVU: 5.28

RUC Recommendation: 5.62 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 3,943

2023 Work RVU: 6.90
2023 NF PE RVU: 12.82
2023 Fac PE RVU: 6.06

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease

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

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2021 Medicare Utilization:** 2,438

2023 Work RVU: 8.01
2023 NF PE RVU: 11.97
2023 Fac PE RVU: 5.68

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2021 Medicare Utilization:** 4,776

2023 Work RVU: 7.44
2023 NF PE RVU: 12.53
2023 Fac PE RVU: 6.23

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease

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

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2021 Medicare Utilization:** 413

2023 Work RVU: 8.57
2023 NF PE RVU: 22.24
2023 Fac PE RVU: 8.46

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease

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

28296 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2021 Medicare Utilization:** 6,403

2023 Work RVU: 8.25
2023 NF PE RVU: 17.36
2023 Fac PE RVU: 6.25

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Result:** Decrease

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

28297 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2021 Medicare Utilization:** 2,874

2023 Work RVU: 9.29
2023 NF PE RVU: 20.28
2023 Fac PE RVU: 7.58

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

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

28298 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2021 Medicare Utilization:** 2,722

2023 Work RVU: 7.75
2023 NF PE RVU: 16.17
2023 Fac PE RVU: 6.41

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

28299 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2021 Medicare Utilization:** 3,962

2023 Work RVU: 9.29
2023 NF PE RVU: 19.74
2023 Fac PE RVU: 7.32

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

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

28300 **Osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without internal fixation**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 2,201

2023 Work RVU: 9.73
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.24

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

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

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,428

2023 Work RVU: 5.57
2023 NF PE RVU: 10.00
2023 Fac PE RVU: 4.61

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

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

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2021 Medicare Utilization:** 23,583

2023 Work RVU: 2.03
2023 NF PE RVU: 4.33
2023 Fac PE RVU: 3.93

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 577

2023 Work RVU: 1.28
2023 NF PE RVU: 2.26
2023 Fac PE RVU: 1.30

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

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 **2021 Medicare Utilization:** 4,054

2023 Work RVU: 11.22
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.29

RUC Recommendation: 12.18 **Referred to CPT**

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

Result: Maintain

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 **2021 Medicare Utilization:** 3,609

2023 Work RVU: 10.70
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.52

RUC Recommendation: 12.42 **Referred to CPT**

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

Result: Maintain

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 **2021 Medicare Utilization:** 3,414

2023 Work RVU: 9.29
2023 NF PE RVU: 14.16
2023 Fac PE RVU: 7.91

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**

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

Result: PE Only

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 **2021 Medicare Utilization:** 26,361

2023 Work RVU: 3.51
2023 NF PE RVU: 4.96
2023 Fac PE RVU: 1.35

RUC Recommendation: 4.10 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 13,521

2023 Work RVU: 3.41
2023 NF PE RVU: 4.91
2023 Fac PE RVU: 1.32

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 58,338

2023 Work RVU: 0.77
2023 NF PE RVU: 1.71
2023 Fac PE RVU: 0.94

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

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

29105 **Application of long arm splint (shoulder to hand)**

Global: 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2021 Medicare Utilization:** 23,153

2023 Work RVU: 0.80
2023 NF PE RVU: 1.53
2023 Fac PE RVU: 0.29

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

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

Status Report: CMS Requests and Relativity Assessment Issues

29200 **Strapping; thorax**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2021 Medicare Utilization: 11,667

2023 Work RVU: 0.39
2023 NF PE RVU: 0.56
2023 Fac PE RVU: 0.14

RUC Recommendation: 0.39

Referred to CPT
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

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
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

2021 Medicare Utilization: 16,938

2023 Work RVU: 0.39
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.13

RUC Recommendation: 0.39

Referred to CPT
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

2021 Medicare Utilization: 4,850

2023 Work RVU: 0.39
2023 NF PE RVU: 0.45
2023 Fac PE RVU: 0.14

RUC Recommendation: 0.39

Referred to CPT
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 **2021 Medicare Utilization:** 3,863

2023 Work RVU: 0.39
2023 NF PE RVU: 0.46
2023 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 **2021 Medicare Utilization:** 27,661

2023 Work RVU: 1.78
2023 NF PE RVU: 1.85
2023 Fac PE RVU: 0.94
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 **2021 Medicare Utilization:** 13,493

2023 Work RVU: 0.39
2023 NF PE RVU: 0.63
2023 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 **2021 Medicare Utilization:** 23,640

2023 Work RVU: 0.39
2023 NF PE RVU: 0.48
2023 Fac PE RVU: 0.13
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 **2021 Medicare Utilization:** 170,657

2023 Work RVU: 0.39
2023 NF PE RVU: 0.41
2023 Fac PE RVU: 0.09

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

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

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2021 Medicare Utilization:** 44,061

2023 Work RVU: 0.25
2023 NF PE RVU: 0.30
2023 Fac PE RVU: 0.06

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Decrease

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

29580 **Strapping; unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2021 Medicare Utilization:** 222,956

2023 Work RVU: 0.55
2023 NF PE RVU: 1.27
2023 Fac PE RVU: 0.16

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 203,402

2023 Work RVU: 0.60
2023 NF PE RVU: 2.06
2023 Fac PE RVU: 0.18

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

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

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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 RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2021 Medicare Utilization:** 3,332

2023 Work RVU: 0.35
2023 NF PE RVU: 2.09
2023 Fac PE RVU: 0.11

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

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 RUC Meeting: April 2012 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2021 Medicare Utilization:** 414

2023 Work RVU: 6.03
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.99

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 7,439

2023 Work RVU: 7.03
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.94

RUC Recommendation: 7.03

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 38,112

2023 Work RVU: 7.98
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.36

RUC Recommendation: 7.98

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (mumford procedure)**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2021 Medicare Utilization:** 30,886

2023 Work RVU: 8.98
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.70

RUC Recommendation: 8.82

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

Result: Maintain

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

2021 Medicare Utilization: 64,498

2023 Work RVU: 3.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.53

RUC Recommendation: 3.00

Referred to CPT

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

Result: Decrease

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

2021 Medicare Utilization: 60,775

2023 Work RVU: 15.59

2023 NF PE RVU: NA

2023 Fac PE RVU: 13.45

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:**

Result: Maintain

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

2021 Medicare Utilization: 18,405

2023 Work RVU: 13.16

2023 NF PE RVU: NA

2023 Fac PE RVU: 11.81

RUC Recommendation: 13.16

Referred to CPT

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

Result: Maintain

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 **2021 Medicare Utilization:** 128

2023 Work RVU: 5.88
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.82
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 **2021 Medicare Utilization:** 98

2023 Work RVU: 5.68
2023 NF PE RVU: NA
2023 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:**

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 **2021 Medicare Utilization:** 488

2023 Work RVU: 5.19
2023 NF PE RVU: 10.43
2023 Fac PE RVU: 6.13
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 **2021 Medicare Utilization:** 976

2023 Work RVU: 14.30
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.23
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 **2021 Medicare Utilization:** 2

2023 Work RVU: 5.88
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.20

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only
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?** No

Most Recent RUC Meeting: January 2023 **Tab:** 07 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** N/A **2021 Medicare Utilization:** 19,706

2023 Work RVU: 3.26
2023 NF PE RVU: 25.67
2023 Fac PE RVU: 6.33

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2023

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 **2021 Medicare Utilization:** 39,789

2023 Work RVU: 3.00
2023 NF PE RVU: 5.52
2023 Fac PE RVU: 1.89

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 3,079

2023 Work RVU: 12.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.96

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 71,838

2023 Work RVU: 1.10
2023 NF PE RVU: 3.46
2023 Fac PE RVU: 0.40

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

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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 **2021 Medicare Utilization:** 38,809

2023 Work RVU: 1.54
2023 NF PE RVU: 5.64
2023 Fac PE RVU: 0.51

RUC Recommendation: 1.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,037

2023 Work RVU: 1.97
2023 NF PE RVU: 8.32
2023 Fac PE RVU: 0.84

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

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

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2021 Medicare Utilization:** 785

2023 Work RVU: 2.45
2023 NF PE RVU: 8.45
2023 Fac PE RVU: 1.14

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

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

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2021 Medicare Utilization:** 564,818

2023 Work RVU: 1.10
2023 NF PE RVU: 4.43
2023 Fac PE RVU: 0.66

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain

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

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2011 **2021 Medicare Utilization:** 115,594

2023 Work RVU: 2.60
2023 NF PE RVU: 4.75
2023 Fac PE RVU: 1.79

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 26,108

2023 Work RVU: 2.74
2023 NF PE RVU: 4.41
2023 Fac PE RVU: 1.85

RUC Recommendation: 2.74

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

Result: Decrease

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 **2021 Medicare Utilization:** 1,064

2023 Work RVU: 9.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.08

RUC Recommendation: 9.04

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

Result: Decrease

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 **2021 Medicare Utilization:** 3,733

2023 Work RVU: 2.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.75

RUC Recommendation: 2.61

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

Result: Maintain

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 **2021 Medicare Utilization:** 457

2023 Work RVU: 8.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.08

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 **2021 Medicare Utilization:** 5,994

2023 Work RVU: 9.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.59

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 **2021 Medicare Utilization:** 10,087

2023 Work RVU: 4.27
2023 NF PE RVU: 8.36
2023 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 **2021 Medicare Utilization:** 7,275

2023 Work RVU: 5.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.05

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease

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

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2021 Medicare Utilization:** 10,695

2023 Work RVU: 3.11
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.81

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease

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

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: 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 **2021 Medicare Utilization:** 4,765

2023 Work RVU: 8.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.12

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease

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 **2021 Medicare Utilization:** 6,124

2023 Work RVU: 8.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.34

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 21,215

2023 Work RVU: 4.68
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.55

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 11,064

2023 Work RVU: 6.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.52

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 2,334

2023 Work RVU: 3.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.00

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease

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

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2021 Medicare Utilization:** 3,310

2023 Work RVU: 4.10
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.28

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease

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

31295 **Nasal/sinus endoscopy, surgical, with dilation (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 **2021 Medicare Utilization:** 20,141

2023 Work RVU: 2.70
2023 NF PE RVU: 47.72
2023 Fac PE RVU: 1.62

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

31296 **Nasal/sinus endoscopy, surgical, with dilation (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 **2021 Medicare Utilization:** 5,658

2023 Work RVU: 3.10
2023 NF PE RVU: 48.02
2023 Fac PE RVU: 1.80

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease

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

31297 **Nasal/sinus endoscopy, surgical, with dilation (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 **2021 Medicare Utilization:** 1,340

2023 Work RVU: 2.44
2023 NF PE RVU: 47.58
2023 Fac PE RVU: 1.49

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease

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

31298 **Nasal/sinus endoscopy, surgical, with dilation (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 **2021 Medicare Utilization:** 14,448

2023 Work RVU: 4.50
2023 NF PE RVU: 90.47
2023 Fac PE RVU: 2.47

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease

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 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2021 Medicare Utilization:** 260,169

2023 Work RVU: 3.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.74

RUC Recommendation: 3.00 **Referred to CPT** **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 **2021 Medicare Utilization:**

2023 Work RVU: 21.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 21.84

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **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 **2021 Medicare Utilization:** 23

2023 Work RVU: 20.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 21.40

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **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 **2021 Medicare Utilization:**

2023 Work RVU: 22.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 25.51

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 21

2023 Work RVU: 22.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 25.54

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

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

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2021 Medicare Utilization:** 5,072

2023 Work RVU: 4.26
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.52

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 545,652

2023 Work RVU: 0.94

2023 NF PE RVU: 2.82

2023 Fac PE RVU: 0.95

RUC Recommendation: 1.00

Referred to CPT

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

Result: Decrease

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

2021 Medicare Utilization: 77,628

2023 Work RVU: 1.88

2023 NF PE RVU: 3.84

2023 Fac PE RVU: 1.43

RUC Recommendation: 1.94

Referred to CPT

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

Result: Decrease

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

2021 Medicare Utilization: 32

2023 Work RVU: 14.60

2023 NF PE RVU: NA

2023 Fac PE RVU: 22.05

RUC Recommendation: 14.60

Referred to CPT October 2015

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

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:** 14

2023 Work RVU: 17.58
2023 NF PE RVU: NA
2023 Fac PE RVU: 22.52

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease

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

31587 **Laryngoplasty, cricoid split, without graft placement**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2021 Medicare Utilization:** 9

2023 Work RVU: 15.27
2023 NF PE RVU: NA
2023 Fac PE RVU: 18.93

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease

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

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 934

2023 Work RVU: 13.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 17.69

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease

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

31592 **Cricotracheal resection**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2021 Medicare Utilization:** 26

2023 Work RVU: 25.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 23.52

RUC Recommendation: 25.00 **Referred to CPT** October 2015 **Result:** Decrease

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

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2021 Medicare Utilization:** 24,508

2023 Work RVU: 5.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.44

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Increase

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

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2021 Medicare Utilization:** 2

2023 Work RVU: 8.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.24

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 672

2023 Work RVU: 6.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.41
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 **2021 Medicare Utilization:** 243

2023 Work RVU: 6.45
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.12
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 **2021 Medicare Utilization:** 1,281

2023 Work RVU: 12.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.06
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 **2021 Medicare Utilization:** 698

2023 Work RVU: 6.00
2023 NF PE RVU: NA
2023 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 - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:** 37,398

2023 Work RVU: 2.53
2023 NF PE RVU: 4.57
2023 Fac PE RVU: 1.03

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain

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

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2021 Medicare Utilization:** 16,722

2023 Work RVU: 2.63
2023 NF PE RVU: 5.33
2023 Fac PE RVU: 0.99

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

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

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2021 Medicare Utilization:** 91,471

2023 Work RVU: 2.63
2023 NF PE RVU: 4.72
2023 Fac PE RVU: 1.03

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 14,232

2023 Work RVU: 3.11
2023 NF PE RVU: 7.01
2023 Fac PE RVU: 1.14

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain

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

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:** 2,033

2023 Work RVU: 3.91
2023 NF PE RVU: 19.28
2023 Fac PE RVU: 1.38

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain

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

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:** 27,375

2023 Work RVU: 3.55
2023 NF PE RVU: 7.25
2023 Fac PE RVU: 1.27

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain

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

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:** 14,059

2023 Work RVU: 3.75
2023 NF PE RVU: 9.43
2023 Fac PE RVU: 1.33

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease

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 **2021 Medicare Utilization:** 3,750

2023 Work RVU: 1.03
2023 NF PE RVU: 0.79
2023 Fac PE RVU: 0.31

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain

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

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:** 991

2023 Work RVU: 1.32
2023 NF PE RVU: 0.93
2023 Fac PE RVU: 0.39

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain

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

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2021 Medicare Utilization:** 30,095

2023 Work RVU: 2.88
2023 NF PE RVU: 4.98
2023 Fac PE RVU: 1.13

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: October 2015

2021 Medicare Utilization: 3,677

2023 Work RVU: 2.78

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.09

RUC Recommendation: 2.78

Referred to CPT May 2016

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

Result: Increase

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

2021 Medicare Utilization: 23,016

2023 Work RVU: 4.46

2023 NF PE RVU: 32.84

2023 Fac PE RVU: 1.55

RUC Recommendation: 5.00

Referred to CPT October 2014

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

Result: Decrease

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

2021 Medicare Utilization: 13,844

2023 Work RVU: 4.96

2023 NF PE RVU: 33.78

2023 Fac PE RVU: 1.70

RUC Recommendation: 5.50

Referred to CPT October 2014

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

Result: Decrease

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 **2021 Medicare Utilization:** 9,856

2023 Work RVU: 1.40
2023 NF PE RVU: 2.06
2023 Fac PE RVU: 0.42

RUC Recommendation: 1.70 **Referred to CPT** October 2014 **Result:** Decrease

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

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 58,727

2023 Work RVU: 3.18
2023 NF PE RVU: 22.45
2023 Fac PE RVU: 0.99

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2021 Medicare Utilization:** 143

2023 Work RVU: 27.28
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.36

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

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

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2021 Medicare Utilization:** 2,971

2023 Work RVU: 25.82
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.62

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2021 Medicare Utilization:** 203

2023 Work RVU: 27.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.59

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

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

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2021 Medicare Utilization:** 13

2023 Work RVU: 25.24
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.07

RUC Recommendation: Request further information from CMS

Referred to CPT

Result: Remove from Screen

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

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

Global: 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2021 Medicare Utilization:** 35,767

2023 Work RVU: 3.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.01

RUC Recommendation: 3.50

Referred to CPT February 2012

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2021 Medicare Utilization:** 10,084

2023 Work RVU: 1.82
2023 NF PE RVU: 5.01
2023 Fac PE RVU: 0.58

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease

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

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2021 Medicare Utilization:** 207,406

2023 Work RVU: 2.27
2023 NF PE RVU: 7.02
2023 Fac PE RVU: 0.74

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease

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

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2021 Medicare Utilization:** 5,041

2023 Work RVU: 2.50
2023 NF PE RVU: 19.48
2023 Fac PE RVU: 0.80

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease

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

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2021 Medicare Utilization:** 34,801

2023 Work RVU: 3.12
2023 NF PE RVU: 16.65
2023 Fac PE RVU: 0.96

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)** **Global:** 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2021 Medicare Utilization:** 8,161

2023 Work RVU: 24.64
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.58

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

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 **2021 Medicare Utilization:** 4,359

2023 Work RVU: 4.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.52

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 3,366

2023 Work RVU: 4.62
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.60

RUC Recommendation: 5.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 6

2023 Work RVU: 5.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.84

RUC Recommendation: 6.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 273

2023 Work RVU: 4.29
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.39

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33020 **Pericardiotomy for removal of clot or foreign body (primary procedure)**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2018 **2021 Medicare Utilization:** 147

2023 Work RVU: 14.31
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.64

RUC Recommendation: 14.31

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

Result: Decrease

33025 **Creation of pericardial window or partial resection for drainage**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2017 **2021 Medicare Utilization:** 3,881

2023 Work RVU: 13.20
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.39

RUC Recommendation: 13.20

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

Result: Decrease

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2021 Medicare Utilization:** 9,413

2023 Work RVU: 7.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.61

RUC Recommendation: 8.05

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2021 Medicare Utilization: 91,848

2023 Work RVU: 8.52

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.90

RUC Recommendation: 8.77

Referred to CPT February 2011

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

Result: Maintain

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2021 Medicare Utilization: 206

2023 Work RVU: 5.01

2023 NF PE RVU: NA

2023 Fac PE RVU: 3.37

RUC Recommendation: 5.26

Referred to CPT February 2011

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

Result: Decrease

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008

2021 Medicare Utilization: 974

2023 Work RVU: 5.28

2023 NF PE RVU: NA

2023 Fac PE RVU: 3.49

RUC Recommendation: 5.53

Referred to CPT February 2011

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

Result: Decrease

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

2021 Medicare Utilization: 223

2023 Work RVU: 5.55

2023 NF PE RVU: NA

2023 Fac PE RVU: 3.88

RUC Recommendation: 5.80

Referred to CPT February 2011

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

Result: Decrease

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

2021 Medicare Utilization: 2,926

2023 Work RVU: 5.25

2023 NF PE RVU: NA

2023 Fac PE RVU: 3.62

RUC Recommendation: 5.50

Referred to CPT February 2011

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

Result: Decrease

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

2021 Medicare Utilization: 30,687

2023 Work RVU: 5.52

2023 NF PE RVU: NA

2023 Fac PE RVU: 3.75

RUC Recommendation: 5.77

Referred to CPT February 2011

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2021 Medicare Utilization:** 6,002

2023 Work RVU: 5.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.01

RUC Recommendation: 6.04 **Referred to CPT** February 2011 **Result:** Decrease

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

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2021 Medicare Utilization:** 97

2023 Work RVU: 6.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.95

RUC Recommendation: 6.32 **Referred to CPT** February 2011 **Result:** Decrease

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

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2021 Medicare Utilization:** 94

2023 Work RVU: 6.34
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.11

RUC Recommendation: 6.59 **Referred to CPT** February 2011 **Result:** Decrease

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 **2021 Medicare Utilization:** 7,684

2023 Work RVU: 3.14
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.09

RUC Recommendation: 3.39

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

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 **2021 Medicare Utilization:** 137

2023 Work RVU: 5.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.73

RUC Recommendation: 6.06

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

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 **2021 Medicare Utilization:** 5,020

2023 Work RVU: 3.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.66

RUC Recommendation: 3.29

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

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 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 **2021 Medicare Utilization:** 32,852

2023 Work RVU: 14.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.77

RUC Recommendation: 15.17 **Referred to CPT** February 2011 **Result:** Maintain

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

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2021 Medicare Utilization:** 2,438

2023 Work RVU: 5.81
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.94

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease

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

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2021 Medicare Utilization:** 6,255

2023 Work RVU: 6.08
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.04

RUC Recommendation: 6.33 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2021 Medicare Utilization: 12,407

2023 Work RVU: 6.35

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.21

RUC Recommendation: 6.60

Referred to CPT February 2011

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

Result: Decrease

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:** RAW **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 12,054

2023 Work RVU: 7.80

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.65

RUC Recommendation: Survey

Referred to CPT

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

Result:

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

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: 3.50

Referred to CPT February 2017

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: 3.00 **Referred to CPT** February 2017 **Result:** Deleted from 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 **2021 Medicare Utilization:** 12,360

2023 Work RVU: 41.32
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.59

RUC Recommendation: 41.32 **Referred to CPT** **Result:** Maintain

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

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2021 Medicare Utilization:** 6,313

2023 Work RVU: 50.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 19.32

RUC Recommendation: 50.93 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 47,131

2023 Work RVU: 33.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.26

RUC Recommendation: 34.98

Referred to CPT

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

Result: Increase

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 **2021 Medicare Utilization:** 93

2023 Work RVU: 30.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.13

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

Result: Maintain

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 **2021 Medicare Utilization:** 1

2023 Work RVU: 16.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.27

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

Result: Maintain

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 **2021 Medicare Utilization:** 2

2023 Work RVU: 64.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 21.01

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

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 **2021 Medicare Utilization:** 61

2023 Work RVU: 14.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.77

RUC Recommendation: 14.00

Referred to CPT September 2019

Result: Maintain

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 **2021 Medicare Utilization:** 6

2023 Work RVU: 20.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.82

RUC Recommendation: 20.00

Referred to CPT September 2019

Result: Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU: 8.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.73

RUC Recommendation: 10.50 **Referred to CPT** September 2019 **Result:** Maintain

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 **2021 Medicare Utilization:** 1,778

2023 Work RVU: 58.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 19.50

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

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

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** 707

2023 Work RVU: 89.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 32.10

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:** 528

2023 Work RVU: 6.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.81

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial** **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2021 Medicare Utilization:** 1,277

2023 Work RVU: 6.63
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.99

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-venous** **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2021 Medicare Utilization:** 7,608

2023 Work RVU: 4.73
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.44

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33949 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-arterial** **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2021 Medicare Utilization:** 5,339

2023 Work RVU: 4.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.40

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain
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 **2021 Medicare Utilization:**

2023 Work RVU: 8.15
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.35

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain
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 **2021 Medicare Utilization:** 1,382

2023 Work RVU: 8.15
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.54

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33953 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2021 Medicare Utilization:** 1

2023 Work RVU: 9.11
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.61

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain
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 **2021 Medicare Utilization:** 235

2023 Work RVU: 9.11
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.69

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:** 387

2023 Work RVU: 16.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.65

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

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

33957 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:**

2023 Work RVU: 3.51
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.07

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:** 74

2023 Work RVU: 3.51
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.07

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU: 4.47
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.33

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain

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

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:** 18

2023 Work RVU: 4.47
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.33

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

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

33963 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:**

2023 Work RVU: 9.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.58

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:** 10

2023 Work RVU: 9.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.72

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU: 3.51
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.07

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain

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

33966 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** 434

2023 Work RVU: 4.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.42

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU: 5.22
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.54

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

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

33984 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** 431

2023 Work RVU: 5.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.55

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain

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

33985 **Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:**

2023 Work RVU: 9.89
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.83

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:** 208

2023 Work RVU: 10.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.97

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Result:** Maintain

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 **2021 Medicare Utilization:** 48

2023 Work RVU: 4.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.10

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Result:** Maintain

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

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** 34

2023 Work RVU: 15.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.23

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2021 Medicare Utilization:** 17

2023 Work RVU: 9.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.72

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

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

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 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 **2021 Medicare Utilization:** 657

2023 Work RVU: 23.71
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.85

RUC Recommendation: 23.71 **Referred to CPT** **Result:** Decrease

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

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 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 **2021 Medicare Utilization:** 76

2023 Work RVU: 36.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.32

RUC Recommendation: 36.00 **Referred to CPT** **Result:** Decrease

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

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 **2021 Medicare Utilization:** 673

2023 Work RVU: 26.52
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.30
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 **2021 Medicare Utilization:** 96

2023 Work RVU: 45.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.15
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 **2021 Medicare Utilization:** 10,394

2023 Work RVU: 29.58
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.97
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 **2021 Medicare Utilization:** 545

2023 Work RVU: 45.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.60
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 **2021 Medicare Utilization:** 424

2023 Work RVU: 22.28
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.53
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 **2021 Medicare Utilization:** 72

2023 Work RVU: 36.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.59
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 **2021 Medicare Utilization:** 2,426

2023 Work RVU: 6.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.35
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 **2021 Medicare Utilization:** 1,068

2023 Work RVU: 15.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.68
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 **2021 Medicare Utilization:** 306

2023 Work RVU: 6.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.16
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 **2021 Medicare Utilization:** 838

2023 Work RVU: 12.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.37
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 **2021 Medicare Utilization:** 14,992

2023 Work RVU: 2.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.50
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 **2021 Medicare Utilization:** 503

2023 Work RVU: 5.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.36
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 **2021 Medicare Utilization:** 201

2023 Work RVU: 6.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.27
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 **2021 Medicare Utilization:** 1,218

2023 Work RVU: 7.19
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.99
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 RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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 RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 5,856

2023 Work RVU: 4.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.88

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Result:** Decrease

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

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (list separately in addition to code for primary procedure)**

Global: 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 **2021 Medicare Utilization:** 68

2023 Work RVU: 7.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.10

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

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

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: **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

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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

2021 Medicare Utilization: 26

2023 Work RVU: 8.16

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.28

RUC Recommendation: 8.16

Referred to CPT

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

Result: Decrease

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

2021 Medicare Utilization: 397

2023 Work RVU: 2.65

2023 NF PE RVU: NA

2023 Fac PE RVU: 0.47

RUC Recommendation: 2.65

Referred to CPT

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

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2021 Medicare Utilization:** 25,815

2023 Work RVU: 21.16
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.64

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase

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

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

35452 **Transluminal balloon angioplasty, open; aortic**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

35490 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

35491 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

35492 **Deleted from CPT** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35495 **Deleted from CPT** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 709

2023 Work RVU: 7.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.28

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 408

2023 Work RVU: 7.12
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.40

RUC Recommendation: 7.12 **Referred to CPT** September 2018 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 600

2023 Work RVU: 7.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.00

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.18
2023 NF PE RVU: 0.71
2023 Fac PE RVU: 0.07

RUC Recommendation: CMS consider a bundled status for this code **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 13,444

2023 Work RVU: 2.18
2023 NF PE RVU: 13.73
2023 Fac PE RVU: 0.60

RUC Recommendation: Remove from re-review. **Referred to CPT** February 2011 **Result:** Remove from Screen

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 **2021 Medicare Utilization:** 17,255

2023 Work RVU: 1.76
2023 NF PE RVU: 13.23
2023 Fac PE RVU: 0.49

RUC Recommendation: Remove from re-review

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

Result: Remove from Screen

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

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

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: 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 **2021 Medicare Utilization:** 35,641

2023 Work RVU: 4.17
2023 NF PE RVU: 26.35
2023 Fac PE RVU: 1.45

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease

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

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 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 **2021 Medicare Utilization:** 3,582

2023 Work RVU: 5.27
2023 NF PE RVU: 25.69
2023 Fac PE RVU: 1.62

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 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 **2021 Medicare Utilization:** 3,614

2023 Work RVU: 6.29
2023 NF PE RVU: 45.90
2023 Fac PE RVU: 2.00

RUC Recommendation: 6.29 **Referred to CPT** **Result:** Maintain

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

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (list in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2021 Medicare Utilization:** 1,887

2023 Work RVU: 1.01
2023 NF PE RVU: 5.04
2023 Fac PE RVU: 0.32

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Maintain

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

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 1,470

2023 Work RVU: 3.92
2023 NF PE RVU: 24.97
2023 Fac PE RVU: 1.06

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 5,479

2023 Work RVU: 5.28
2023 NF PE RVU: 30.04
2023 Fac PE RVU: 1.81

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease

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

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / 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 **2021 Medicare Utilization:** 26,058

2023 Work RVU: 5.75
2023 NF PE RVU: 42.03
2023 Fac PE RVU: 2.31

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

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

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / 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 **2021 Medicare Utilization:** 33,880

2023 Work RVU: 6.25
2023 NF PE RVU: 53.21
2023 Fac PE RVU: 2.74

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 9,808

2023 Work RVU: 5.75
2023 NF PE RVU: 39.29
2023 Fac PE RVU: 2.23

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

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

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 28,735

2023 Work RVU: 6.25
2023 NF PE RVU: 51.54
2023 Fac PE RVU: 2.71

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

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

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 15,752

2023 Work RVU: 2.09
2023 NF PE RVU: 4.52
2023 Fac PE RVU: 0.86

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease

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 **2021 Medicare Utilization:** 2,216

2023 Work RVU: 4.25
2023 NF PE RVU: 32.30
2023 Fac PE RVU: 1.73

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease

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

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2021 Medicare Utilization:** 33,918

2023 Work RVU: 4.65
2023 NF PE RVU: 31.96
2023 Fac PE RVU: 1.42

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease

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

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 29,820

2023 Work RVU: 5.02
2023 NF PE RVU: 19.05
2023 Fac PE RVU: 1.33

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 60,496

2023 Work RVU: 6.04
2023 NF PE RVU: 35.71
2023 Fac PE RVU: 1.64

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Increase

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

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (list in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2021 Medicare Utilization:** 27,375

2023 Work RVU: 1.01
2023 NF PE RVU: 2.38
2023 Fac PE RVU: 0.28

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen

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

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2021 Medicare Utilization:** 3,041

2023 Work RVU: 5.10
2023 NF PE RVU: 32.77
2023 Fac PE RVU: 1.48

RUC Recommendation: 5.45 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2021 Medicare Utilization:** 5,249

2023 Work RVU: 6.74
2023 NF PE RVU: 33.54
2023 Fac PE RVU: 2.21

RUC Recommendation: 7.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 1,747

2023 Work RVU: 7.30
2023 NF PE RVU: 52.46
2023 Fac PE RVU: 2.13

RUC Recommendation: 7.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 **2021 Medicare Utilization:** 246

2023 Work RVU: 7.90
2023 NF PE RVU: 50.03
2023 Fac PE RVU: 2.55

RUC Recommendation: 8.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2021 Medicare Utilization:** 145,136

2023 Work RVU: 0.18
2023 NF PE RVU: 0.32
2023 Fac PE RVU: 0.07

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

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

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2021 Medicare Utilization:** 87,983

2023 Work RVU: 5.30
2023 NF PE RVU: 26.06
2023 Fac PE RVU: 1.72

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

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

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2021 Medicare Utilization:** 5,789

2023 Work RVU: 2.65
2023 NF PE RVU: 5.30
2023 Fac PE RVU: 0.71

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 34,994

2023 Work RVU: 5.30
2023 NF PE RVU: 23.11
2023 Fac PE RVU: 1.76

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

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

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2021 Medicare Utilization:** 3,879

2023 Work RVU: 2.65
2023 NF PE RVU: 5.79
2023 Fac PE RVU: 0.77

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

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

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2021 Medicare Utilization:** 675

2023 Work RVU: 6.73
2023 NF PE RVU: 45.04
2023 Fac PE RVU: 2.08

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2021 Medicare Utilization:** 332

2023 Work RVU: 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.10

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2021 Medicare Utilization:** 2,850

2023 Work RVU: 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.01

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2021 Medicare Utilization:** 229

2023 Work RVU: 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.93

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2021 Medicare Utilization:** 23,495

2023 Work RVU: 1.81
2023 NF PE RVU: 14.91
2023 Fac PE RVU: 0.79

RUC Recommendation: 1.81. Refer to CPT Assistant

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Deleted from CPT

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: October 2008 **2021 Medicare Utilization:** 1,064

2023 Work RVU: 1.56
2023 NF PE RVU: 50.95
2023 Fac PE RVU: 0.65

RUC Recommendation: 1.56. Refer to CPT Assistant

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Result: Increase

36522 **Photopheresis, extracorporeal**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2021 Medicare Utilization:** 7,845

2023 Work RVU: 1.75
2023 NF PE RVU: 38.81
2023 Fac PE RVU: 0.96

RUC Recommendation: 1.75. Refer to CPT Assistant

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 25

2023 Work RVU: 1.93
2023 NF PE RVU: 3.58
2023 Fac PE RVU: 0.39

RUC Recommendation: 1.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 388,031

2023 Work RVU: 1.75
2023 NF PE RVU: 4.44
2023 Fac PE RVU: 0.51

RUC Recommendation: 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36558 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**

Global: 010 **Issue:** RAW **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 112,698

2023 Work RVU: 4.59
2023 NF PE RVU: 19.82
2023 Fac PE RVU: 2.41

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU: 2.11
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.35

RUC Recommendation: 2.11 **Referred to CPT** September 2017 **Result:** Decrease
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 **2021 Medicare Utilization:** 10,837

2023 Work RVU: 1.90
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.59

RUC Recommendation: 1.90. **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 26

2023 Work RVU: 1.82
2023 NF PE RVU: 9.26
2023 Fac PE RVU: 0.34

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 68,123

2023 Work RVU: 1.70
2023 NF PE RVU: 9.70
2023 Fac PE RVU: 0.59

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 3,205

2023 Work RVU: 1.20
2023 NF PE RVU: 8.52
2023 Fac PE RVU: 0.40

RUC Recommendation: 1.47 **Referred to CPT** September 2017 **Result:** Decrease

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

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2021 Medicare Utilization:** 549,202

2023 Work RVU: 1.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.21

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 3,491

2023 Work RVU: 12.39
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.81

RUC Recommendation: 13.00 **Referred to CPT** **Result:** Increase

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

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2021 Medicare Utilization:** 5,100

2023 Work RVU: 13.29
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.86

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase

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

36820 **Arteriovenous anastomosis, open; by forearm vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2021 Medicare Utilization:** 993

2023 Work RVU: 13.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.00

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36821 **Arteriovenous anastomosis, open; direct, any site (eg, cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2021 Medicare Utilization:** 23,830

2023 Work RVU: 11.90
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.59

RUC Recommendation: 11.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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 **2021 Medicare Utilization:** 1,393

2023 Work RVU: 14.17
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.63

RUC Recommendation: 15.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 14,683

2023 Work RVU: 12.03
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.59

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 48,016

2023 Work RVU: 3.36
2023 NF PE RVU: 17.35
2023 Fac PE RVU: 1.04

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease

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

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 145,675

2023 Work RVU: 4.83
2023 NF PE RVU: 30.80
2023 Fac PE RVU: 1.46

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 14,972

2023 Work RVU: 6.39
2023 NF PE RVU: 121.63
2023 Fac PE RVU: 1.80

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease

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

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 2,803

2023 Work RVU: 7.50
2023 NF PE RVU: 45.92
2023 Fac PE RVU: 2.15

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 28,025

2023 Work RVU: 9.00
2023 NF PE RVU: 58.42
2023 Fac PE RVU: 2.69

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease

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

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 10,192

2023 Work RVU: 10.42
2023 NF PE RVU: 151.66
2023 Fac PE RVU: 2.97

RUC Recommendation: 10.42 **Referred to CPT** October 2015 **Result:** Decrease

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

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 51,014

2023 Work RVU: 3.00
2023 NF PE RVU: 14.32
2023 Fac PE RVU: 0.82

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 3,740

2023 Work RVU: 4.25
2023 NF PE RVU: 37.75
2023 Fac PE RVU: 1.09

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Result:** Decrease

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

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 4,288

2023 Work RVU: 4.12
2023 NF PE RVU: 52.90
2023 Fac PE RVU: 1.09

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease

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 **2021 Medicare Utilization:** 832

2023 Work RVU: 7.74
2023 NF PE RVU: 168.49
2023 Fac PE RVU: 2.38

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 22,544

2023 Work RVU: 4.46
2023 NF PE RVU: 56.27
2023 Fac PE RVU: 1.36

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 22

2023 Work RVU: 7.10
2023 NF PE RVU: 29.62
2023 Fac PE RVU: 1.20

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

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

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2021 Medicare Utilization:** 6,002

2023 Work RVU: 7.10
2023 NF PE RVU: 37.06
2023 Fac PE RVU: 1.99

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

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

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

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

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 8,940

2023 Work RVU: 7.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.10

RUC Recommendation: 8.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 1,794

2023 Work RVU: 6.81
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.89

RUC Recommendation: 7.06 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 1,435

2023 Work RVU: 4.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.18

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,081

2023 Work RVU: 2.49
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.64

RUC Recommendation: 3.04 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 11,391

2023 Work RVU: 7.90
2023 NF PE RVU: 65.92
2023 Fac PE RVU: 2.02

RUC Recommendation: Refer to CPT. 8.15 **Referred to CPT** February 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 29,005

2023 Work RVU: 9.75
2023 NF PE RVU: 81.05
2023 Fac PE RVU: 2.43

RUC Recommendation: Refer to CPT. 10.00 **Referred to CPT** February 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 3,143

2023 Work RVU: 3.73
2023 NF PE RVU: 13.95
2023 Fac PE RVU: 0.86

RUC Recommendation: Refer to CPT. 3.73 **Referred to CPT** February 2024 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 4,297

2023 Work RVU: 4.25
2023 NF PE RVU: 33.20
2023 Fac PE RVU: 0.95

RUC Recommendation: Refer to CPT. 4.25 **Referred to CPT** February 2024 **Result:** Decrease

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

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 29,781

2023 Work RVU: 8.75
2023 NF PE RVU: 77.46
2023 Fac PE RVU: 2.24

RUC Recommendation: Refer to CPT. 9.00 **Referred to CPT** February 2024 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 40,461

2023 Work RVU: 11.75
2023 NF PE RVU: 250.10
2023 Fac PE RVU: 3.15

RUC Recommendation: Refer to CPT. **Referred to CPT** February 2024 **Result:** Decrease

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

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 20,103

2023 Work RVU: 10.24
2023 NF PE RVU: 233.49
2023 Fac PE RVU: 2.57

RUC Recommendation: Refer to CPT. 10.49 **Referred to CPT** February 2024 **Result:** Decrease

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

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / 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 **2021 Medicare Utilization:** 20,679

2023 Work RVU: 14.25
2023 NF PE RVU: 321.29
2023 Fac PE RVU: 3.58

RUC Recommendation: Refer to CPT. 14.50 **Referred to CPT** February 2024 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 30,844

2023 Work RVU: 10.75
2023 NF PE RVU: 112.07
2023 Fac PE RVU: 2.66

RUC Recommendation: Refer to CPT. 11.00 **Referred to CPT** February 2024 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 38,048

2023 Work RVU: 13.80
2023 NF PE RVU: 252.05
2023 Fac PE RVU: 3.61

RUC Recommendation: Refer to CPT. 14.05 **Referred to CPT** February 2024 **Result:** Decrease

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

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 2,410

2023 Work RVU: 13.55
2023 NF PE RVU: 252.54
2023 Fac PE RVU: 3.68

RUC Recommendation: Refer to CPT. 13.80 **Referred to CPT** February 2024 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 3,084

2023 Work RVU: 14.75
2023 NF PE RVU: 337.92
2023 Fac PE RVU: 3.95

RUC Recommendation: Refer to CPT. 15.00 **Referred to CPT** February 2024 **Result:** Decrease

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

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 14,007

2023 Work RVU: 4.00
2023 NF PE RVU: 19.89
2023 Fac PE RVU: 0.99

RUC Recommendation: Refer to CPT. 4.00 **Referred to CPT** February 2024 **Result:** Decrease

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

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 8,996

2023 Work RVU: 6.50
2023 NF PE RVU: 23.60
2023 Fac PE RVU: 1.63

RUC Recommendation: Refer to CPT. 6.50 **Referred to CPT** February 2024 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 353

2023 Work RVU: 5.50
2023 NF PE RVU: 102.90
2023 Fac PE RVU: 1.53

RUC Recommendation: Refer to CPT. 5.50 **Referred to CPT** February 2024 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 468

2023 Work RVU: 7.80
2023 NF PE RVU: 110.58
2023 Fac PE RVU: 1.92

RUC Recommendation: Refer to CPT. 7.80 **Referred to CPT** February 2024 **Result:** Decrease

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

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2021 Medicare Utilization:** 10,944

2023 Work RVU: 8.75
2023 NF PE RVU: 72.21
2023 Fac PE RVU: 2.23

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,315

2023 Work RVU: 4.25
2023 NF PE RVU: 33.77
2023 Fac PE RVU: 0.95

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease

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

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2021 Medicare Utilization:** 10,623

2023 Work RVU: 6.04
2023 NF PE RVU: 96.87
2023 Fac PE RVU: 1.72

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease

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

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2021 Medicare Utilization:** 3,979

2023 Work RVU: 2.97
2023 NF PE RVU: 48.12
2023 Fac PE RVU: 0.82

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,680

2023 Work RVU: 8.75
2023 NF PE RVU: 130.77
2023 Fac PE RVU: 2.45

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 8,142

2023 Work RVU: 9.80
2023 NF PE RVU: 203.70
2023 Fac PE RVU: 2.56

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease

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

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 13,902

2023 Work RVU: 11.74
2023 NF PE RVU: 248.20
2023 Fac PE RVU: 3.37

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 13,555

2023 Work RVU: 13.75
2023 NF PE RVU: 184.06
2023 Fac PE RVU: 4.07

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

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

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 6,890

2023 Work RVU: 7.00
2023 NF PE RVU: 46.47
2023 Fac PE RVU: 1.86

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease

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

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 736

2023 Work RVU: 3.50
2023 NF PE RVU: 12.75
2023 Fac PE RVU: 0.80

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 13,541

2023 Work RVU: 6.00
2023 NF PE RVU: 34.02
2023 Fac PE RVU: 1.78

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Result:** Decrease

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

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 3,775

2023 Work RVU: 2.97
2023 NF PE RVU: 9.78
2023 Fac PE RVU: 0.75

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease

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

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

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 **2021 Medicare Utilization:** 70,937

2023 Work RVU: 1.80
2023 NF PE RVU: 26.58
2023 Fac PE RVU: 0.45

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease

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

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / 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 **2021 Medicare Utilization:** 107,202

2023 Work RVU: 1.44
2023 NF PE RVU: 3.42
2023 Fac PE RVU: 0.36

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 11,304

2023 Work RVU: 3.05
2023 NF PE RVU: 5.69
2023 Fac PE RVU: 2.40

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 **2021 Medicare Utilization:** 24

2023 Work RVU: 30.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.82

RUC Recommendation: 37.60

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

Result: Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 54

2023 Work RVU: 10.78
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.50

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Result:** Maintain

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

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 **2021 Medicare Utilization:** 209

2023 Work RVU: 9.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.64

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 10,418

2023 Work RVU: 4.80
2023 NF PE RVU: 6.80
2023 Fac PE RVU: 2.10

RUC Recommendation: 4.80 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 8,063

2023 Work RVU: 6.00
2023 NF PE RVU: 7.56
2023 Fac PE RVU: 2.45

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 797

2023 Work RVU: 3.93
2023 NF PE RVU: 5.60
2023 Fac PE RVU: 2.67

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

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

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 **2021 Medicare Utilization:** 4,593

2023 Work RVU: 1.20
2023 NF PE RVU: 3.34
2023 Fac PE RVU: 0.70

RUC Recommendation: 1.20 **Referred to CPT** February 2016 **Result:** Decrease

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

38221 **Diagnostic bone marrow; biopsy(ies)** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2021 Medicare Utilization:** 7,932

2023 Work RVU: 1.28
2023 NF PE RVU: 3.44
2023 Fac PE RVU: 0.69

RUC Recommendation: 1.28 **Referred to CPT** February 2016 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2021 Medicare Utilization:** 119,073

2023 Work RVU: 1.44
2023 NF PE RVU: 3.67
2023 Fac PE RVU: 0.67

RUC Recommendation: Action Plan. 1.44 **Referred to CPT** February 2016 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 35,811

2023 Work RVU: 1.59
2023 NF PE RVU: 3.54
2023 Fac PE RVU: 0.78

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 513

2023 Work RVU: 7.95
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.41

RUC Recommendation: 7.85 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 6,701

2023 Work RVU: 8.49
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.41
Result: Maintain

RUC Recommendation: 9.34

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

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2021 Medicare Utilization:** 17,578

2023 Work RVU: 12.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.04
Result: Decrease

RUC Recommendation: Action Plan. 12.00

Referred to CPT
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 **2021 Medicare Utilization:** 1,653

2023 Work RVU: 15.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.88
Result: Decrease

RUC Recommendation: 15.60

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 29,868

2023 Work RVU: 0.65
2023 NF PE RVU: 1.74
2023 Fac PE RVU: 0.23

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Increase

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

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2021 Medicare Utilization:** 290

2023 Work RVU: 5.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.34

RUC Recommendation: 5.44 **Referred to CPT** October 2014 **Result:** Decrease

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

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2021 Medicare Utilization:** 2,748

2023 Work RVU: 7.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.86

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

3X008

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan

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

Result:

3X009

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan

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

Result:

3X010

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan

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

Result:

3X011

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

3X012

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan

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

Result:

3X013

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan

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

Result:

3X014

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan

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

Result:

3X015

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 28,071

2023 Work RVU: 1.22
2023 NF PE RVU: 2.34
2023 Fac PE RVU: 0.71

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

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

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 **2021 Medicare Utilization:** 357

2023 Work RVU: 3.78
2023 NF PE RVU: 10.00
2023 Fac PE RVU: 4.94

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 2,825

2023 Work RVU: 1.23
2023 NF PE RVU: 4.73
2023 Fac PE RVU: 2.19

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

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

Status Report: CMS Requests and Relativity Assessment Issues

40801 **Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated**

Global: 010 **Issue:** Ostectomy **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 **2021 Medicare Utilization:** 1,435

2023 Work RVU: 2.63
2023 NF PE RVU: 5.81
2023 Fac PE RVU: 3.00

RUC Recommendation: Maintain. Reduced 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 9,052

2023 Work RVU: 1.05
2023 NF PE RVU: 3.93
2023 Fac PE RVU: 1.48

RUC Recommendation: 1.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 7,021

2023 Work RVU: 2.37
2023 NF PE RVU: 5.84
2023 Fac PE RVU: 2.87

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 1,357

2023 Work RVU: 1.34
2023 NF PE RVU: 6.31
2023 Fac PE RVU: 3.50

RUC Recommendation: Maintain

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

Result: Maintain

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

2021 Medicare Utilization: 142

2023 Work RVU: 3.50
2023 NF PE RVU: 23.82
2023 Fac PE RVU: 7.39

RUC Recommendation: 3.50

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

Result: Decrease

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

2021 Medicare Utilization: 373

2023 Work RVU: 9.78
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.53

RUC Recommendation: 9.63

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

Result: Maintain

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

2021 Medicare Utilization: 4,761

2023 Work RVU: 17.16
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.08

RUC Recommendation: 18.12

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,333

2023 Work RVU: 19.53
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.18

RUC Recommendation: 21.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 1,573

2023 Work RVU: 6.14
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.48

RUC Recommendation: 7.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 2,355

2023 Work RVU: 2.49
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.77

RUC Recommendation: 2.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 241

2023 Work RVU: 2.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.86

RUC Recommendation: 3.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 203

2023 Work RVU: 2.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.85
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 **2021 Medicare Utilization:** 100

2023 Work RVU: 3.51
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.63
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 **2021 Medicare Utilization:** 560

2023 Work RVU: 3.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.00
Result: Increase

RUC Recommendation: 3.21

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

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 **2021 Medicare Utilization:** 377

2023 Work RVU: 3.31
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.06
Result: Increase

RUC Recommendation: 3.36

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 980

2023 Work RVU: 1.52
2023 NF PE RVU: 4.02
2023 Fac PE RVU: 0.68

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 279

2023 Work RVU: 1.82
2023 NF PE RVU: 4.33
2023 Fac PE RVU: 0.85

RUC Recommendation: 1.89 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 4,084

2023 Work RVU: 1.42
2023 NF PE RVU: 6.32
2023 Fac PE RVU: 0.95

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Result:** Maintain

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

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 182

2023 Work RVU: 1.72
2023 NF PE RVU: 5.87
2023 Fac PE RVU: 1.08

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,889

2023 Work RVU: 1.72
2023 NF PE RVU: 8.83
2023 Fac PE RVU: 1.08

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Result:** Maintain

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

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 11

2023 Work RVU: 2.33
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.37

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Result:** Decrease

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

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 84

2023 Work RVU: 2.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.42

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

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

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 20

2023 Work RVU: 2.29
2023 NF PE RVU: 6.54
2023 Fac PE RVU: 1.35

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 87

2023 Work RVU: 4.20
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.20

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease

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

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 524

2023 Work RVU: 3.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.60

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

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

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 236

2023 Work RVU: 4.63
2023 NF PE RVU: 32.10
2023 Fac PE RVU: 2.30

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease

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

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 182

2023 Work RVU: 3.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.83

RUC Recommendation: 3.78 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 776

2023 Work RVU: 2.44
2023 NF PE RVU: 9.04
2023 Fac PE RVU: 1.34

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain

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

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 117

2023 Work RVU: 2.30
2023 NF PE RVU: 9.78
2023 Fac PE RVU: 1.34

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain

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

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 28

2023 Work RVU: 2.80
2023 NF PE RVU: 9.54
2023 Fac PE RVU: 1.57

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain

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

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,733

2023 Work RVU: 2.00
2023 NF PE RVU: 25.01
2023 Fac PE RVU: 1.20

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,295

2023 Work RVU: 2.24
2023 NF PE RVU: 9.06
2023 Fac PE RVU: 1.25

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 147

2023 Work RVU: 2.89
2023 NF PE RVU: 14.68
2023 Fac PE RVU: 1.59

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,325

2023 Work RVU: 3.49
2023 NF PE RVU: 17.53
2023 Fac PE RVU: 1.85

RUC Recommendation: 3.72 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 552

2023 Work RVU: 2.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.53

RUC Recommendation: 3.19 **Referred to CPT** May 2012 **Result:** Maintain

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 **2021 Medicare Utilization:** 278

2023 Work RVU: 3.59
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.82

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Result:** Decrease

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

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2021 Medicare Utilization:** 1,202

2023 Work RVU: 4.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.05

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2021 Medicare Utilization:** 260,048

2023 Work RVU: 2.09
2023 NF PE RVU: 6.31
2023 Fac PE RVU: 1.25

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease

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

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2021 Medicare Utilization:** 14,280

2023 Work RVU: 2.39
2023 NF PE RVU: 9.42
2023 Fac PE RVU: 1.38

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 18,750

2023 Work RVU: 3.47
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.87

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 **2021 Medicare Utilization:** 15,422

2023 Work RVU: 4.16
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.17

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease

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

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD 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 **2021 Medicare Utilization:** 1,250,880

2023 Work RVU: 2.39
2023 NF PE RVU: 8.66
2023 Fac PE RVU: 1.38

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

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

Status Report: CMS Requests and Relativity Assessment Issues

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,060

2023 Work RVU: 7.15
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.49

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Result:** Increase

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

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 4,394

2023 Work RVU: 2.49
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.37

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Result:** Maintain

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

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2021 Medicare Utilization:** 23,927

2023 Work RVU: 4.73
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.43

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 407

2023 Work RVU: 4.27
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.15

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease

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

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 18,874

2023 Work RVU: 4.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.28

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

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

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 12,832

2023 Work RVU: 3.08
2023 NF PE RVU: 14.43
2023 Fac PE RVU: 1.65

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain

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

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 62,104

2023 Work RVU: 3.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.79

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 24,338

2023 Work RVU: 3.11
2023 NF PE RVU: 8.02
2023 Fac PE RVU: 1.68

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease

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

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 91,867

2023 Work RVU: 2.91
2023 NF PE RVU: 9.17
2023 Fac PE RVU: 1.61

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease

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

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 115,128

2023 Work RVU: 2.67
2023 NF PE RVU: 29.69
2023 Fac PE RVU: 1.50

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease

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

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 3,098

2023 Work RVU: 2.97
2023 NF PE RVU: 10.19
2023 Fac PE RVU: 1.60

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 37,007

2023 Work RVU: 3.47
2023 NF PE RVU: 11.03
2023 Fac PE RVU: 1.86

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease

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

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** February 2012 **2021 Medicare Utilization:** 2,054

2023 Work RVU: 4.73
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.42

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

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

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2021 Medicare Utilization:** 5,572

2023 Work RVU: 4.87
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.48

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 56,328

2023 Work RVU: 3.56
2023 NF PE RVU: 14.92
2023 Fac PE RVU: 1.90

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease

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

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 111

2023 Work RVU: 4.15
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.11

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2021 Medicare Utilization:** 30,363

2023 Work RVU: 4.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.12

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ercp); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 3,868

2023 Work RVU: 5.85
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.91

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 6,723

2023 Work RVU: 6.15
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.04

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease

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

43262 **Endoscopic retrograde cholangiopancreatography (ercp); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 26,342

2023 Work RVU: 6.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.20

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Result:** Decrease

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

43263 **Endoscopic retrograde cholangiopancreatography (ercp); with pressure measurement of sphincter of oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 35

2023 Work RVU: 6.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.21

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

43264 **Endoscopic retrograde cholangiopancreatography (ercp); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2021 Medicare Utilization:** 53,429

2023 Work RVU: 6.63
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.25

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Result:** Decrease

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

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 **2021 Medicare Utilization:** 2,356

2023 Work RVU: 7.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.82

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 5,790

2023 Work RVU: 3.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.95

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2021 Medicare Utilization:** 18,701

2023 Work RVU: 4.01
2023 NF PE RVU: 17.55
2023 Fac PE RVU: 2.10

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease

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

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 7,580

2023 Work RVU: 2.24
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.98

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain

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

43274 **Endoscopic retrograde cholangiopancreatography (ercp); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 40,976

2023 Work RVU: 8.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.07

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease

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

43275 **Endoscopic retrograde cholangiopancreatography (ercp); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 13,323

2023 Work RVU: 6.86
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.35

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 15,625

2023 Work RVU: 8.84
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.23

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease

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

43277 **Endoscopic retrograde cholangiopancreatography (ercp); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 6,066

2023 Work RVU: 6.90
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.38

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ercp); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 453

2023 Work RVU: 7.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.82

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2021 Medicare Utilization:** 57,300

2023 Work RVU: 1.28
2023 NF PE RVU: 4.19
2023 Fac PE RVU: 0.91

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2021 Medicare Utilization:** 1,120

2023 Work RVU: 1.41
2023 NF PE RVU: 22.69
2023 Fac PE RVU: 0.95

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 45,559

2023 Work RVU: 0.75
2023 NF PE RVU: 5.98
2023 Fac PE RVU: 0.22

RUC Recommendation: 0.75. CPT Assistant article **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

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 **2021 Medicare Utilization:** 2,014

2023 Work RVU: 1.41
2023 NF PE RVU: 8.48
2023 Fac PE RVU: 0.91

RUC Recommendation: 1.41. CPT Assistant article. **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 8,737

2023 Work RVU: 27.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.02

RUC Recommendation: 99214 visit appropriate. Remove from screen. **Referred to CPT** **Result:** Remove from Screen

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 **2021 Medicare Utilization:** 10,846

2023 Work RVU: 22.95
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.96

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

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 **2021 Medicare Utilization:** 8,667

2023 Work RVU: 31.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.50

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2021 Medicare Utilization:** 1,658

2023 Work RVU: 0.87
2023 NF PE RVU: 4.91
2023 Fac PE RVU: 0.70

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 146

2023 Work RVU: 1.38
2023 NF PE RVU: 28.25
2023 Fac PE RVU: 0.93

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple** **Global:** 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2021 Medicare Utilization:** 1,313

2023 Work RVU: 1.17
2023 NF PE RVU: 7.68
2023 Fac PE RVU: 0.85

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 87

2023 Work RVU: 2.85
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.34

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal pouch (eg, kock pouch, ileal reservoir [s or j]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 985

2023 Work RVU: 1.20
2023 NF PE RVU: 5.12
2023 Fac PE RVU: 0.78

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, kock pouch, ileal reservoir [s or j]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,889

2023 Work RVU: 1.50
2023 NF PE RVU: 7.69
2023 Fac PE RVU: 0.94

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2021 Medicare Utilization:** 3,361

2023 Work RVU: 2.72
2023 NF PE RVU: 6.36
2023 Fac PE RVU: 1.47

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2021 Medicare Utilization:** 2,299

2023 Work RVU: 3.02
2023 NF PE RVU: 8.97
2023 Fac PE RVU: 1.62

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 19

2023 Work RVU: 3.74
2023 NF PE RVU: 7.96
2023 Fac PE RVU: 1.99

RUC Recommendation: 3.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **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 **2021 Medicare Utilization:** 151

2023 Work RVU: 4.12
2023 NF PE RVU: 14.64
2023 Fac PE RVU: 2.14

RUC Recommendation: 4.22 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **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 **2021 Medicare Utilization:** 198

2023 Work RVU: 3.53
2023 NF PE RVU: 7.55
2023 Fac PE RVU: 1.78

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,817

2023 Work RVU: 4.03
2023 NF PE RVU: 8.60
2023 Fac PE RVU: 2.05

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 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:**

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 **2021 Medicare Utilization:** 49

2023 Work RVU: 4.34
2023 NF PE RVU: 66.98
2023 Fac PE RVU: 2.26

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 3

2023 Work RVU: 4.70
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.42

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 71

2023 Work RVU: 5.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.77

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
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 **2021 Medicare Utilization:** 189

2023 Work RVU: 3.02
2023 NF PE RVU: 9.26
2023 Fac PE RVU: 1.63

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2021 Medicare Utilization:** 50

2023 Work RVU: 3.23
2023 NF PE RVU: 13.13
2023 Fac PE RVU: 1.77

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2021 Medicare Utilization:**

2023 Work RVU: 4.10
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.15

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2021 Medicare Utilization:** 1

2023 Work RVU: 4.96
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.53

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 49

2023 Work RVU: 4.14
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.17

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 20,349

2023 Work RVU: 9.45
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.32

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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45170 **Deleted from CPT** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2021 Medicare Utilization:** 2,123

2023 Work RVU: 8.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.86

RUC Recommendation: 8.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,697

2023 Work RVU: 12.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.41

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 17,629

2023 Work RVU: 0.80
2023 NF PE RVU: 2.95
2023 Fac PE RVU: 0.51

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2021 Medicare Utilization:** 42,359

2023 Work RVU: 0.84
2023 NF PE RVU: 4.64
2023 Fac PE RVU: 0.70

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 30,301

2023 Work RVU: 1.14
2023 NF PE RVU: 7.35
2023 Fac PE RVU: 0.84

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 294

2023 Work RVU: 1.76
2023 NF PE RVU: 6.34
2023 Fac PE RVU: 1.09

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 599

2023 Work RVU: 1.55
2023 NF PE RVU: 8.15
2023 Fac PE RVU: 0.98

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 3,059

2023 Work RVU: 2.00
2023 NF PE RVU: 12.63
2023 Fac PE RVU: 1.21

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 2,601

2023 Work RVU: 1.04
2023 NF PE RVU: 7.62
2023 Fac PE RVU: 0.79

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,627

2023 Work RVU: 2.10
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.99

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,646

2023 Work RVU: 2.05
2023 NF PE RVU: 6.69
2023 Fac PE RVU: 1.22

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,089

2023 Work RVU: 1.25
2023 NF PE RVU: 12.39
2023 Fac PE RVU: 0.88

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2021 Medicare Utilization:** 1,969

2023 Work RVU: 2.12
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.26

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2021 Medicare Utilization:** 427

2023 Work RVU: 2.98
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.64

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 873

2023 Work RVU: 2.81
2023 NF PE RVU: 66.30
2023 Fac PE RVU: 1.56

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 544

2023 Work RVU: 2.72
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.48

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 593

2023 Work RVU: 3.52
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.88

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 1,082

2023 Work RVU: 1.68
2023 NF PE RVU: 18.38
2023 Fac PE RVU: 1.06

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 274,243

2023 Work RVU: 3.26
2023 NF PE RVU: 6.51
2023 Fac PE RVU: 1.74

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 832

2023 Work RVU: 4.28
2023 NF PE RVU: 8.24
2023 Fac PE RVU: 2.19

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2021 Medicare Utilization:** 945,436

2023 Work RVU: 3.56
2023 NF PE RVU: 9.04
2023 Fac PE RVU: 1.89

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List / 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 **2021 Medicare Utilization:** 68,743

2023 Work RVU: 3.56
2023 NF PE RVU: 9.32
2023 Fac PE RVU: 1.89

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 21,414

2023 Work RVU: 4.66
2023 NF PE RVU: 14.83
2023 Fac PE RVU: 2.38

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 50,668

2023 Work RVU: 4.07
2023 NF PE RVU: 10.03
2023 Fac PE RVU: 2.03

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / 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 **2021 Medicare Utilization:** 934,122

2023 Work RVU: 4.57
2023 NF PE RVU: 8.49
2023 Fac PE RVU: 2.33

RUC Recommendation: 4.57 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,954

2023 Work RVU: 3.77
2023 NF PE RVU: 14.15
2023 Fac PE RVU: 1.97

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 RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2021 Medicare Utilization:** 20,440

2023 Work RVU: 4.88
2023 NF PE RVU: 68.72
2023 Fac PE RVU: 2.43

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 RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2021 Medicare Utilization:** 410

2023 Work RVU: 5.24
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.62

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 **2021 Medicare Utilization:** 23,949

2023 Work RVU: 6.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.99

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 724

2023 Work RVU: 4.64
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.38

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 98

2023 Work RVU: 5.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.77

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 2,146

2023 Work RVU: 4.68
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.11

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 3,354

2023 Work RVU: 4.20
2023 NF PE RVU: 20.11
2023 Fac PE RVU: 2.09

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 1,233

2023 Work RVU: 1.86
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.26

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 275

2023 Work RVU: 1.48
2023 NF PE RVU: 6.00
2023 Fac PE RVU: 0.86

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 819

2023 Work RVU: 3.59
2023 NF PE RVU: 10.13
2023 Fac PE RVU: 5.96

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 12,072

2023 Work RVU: 1.74
2023 NF PE RVU: 7.49
2023 Fac PE RVU: 3.55

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,428

2023 Work RVU: 90.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 48.20

RUC Recommendation: 91.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2021 Medicare Utilization:** 2,774

2023 Work RVU: 14.97
2023 NF PE RVU: 94.51
2023 Fac PE RVU: 5.07

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2021 Medicare Utilization:** 12,398

2023 Work RVU: 4.76
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.61

RUC Recommendation: 4.76 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 6,974

2023 Work RVU: 1.30
2023 NF PE RVU: 11.44
2023 Fac PE RVU: 0.63

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 473

2023 Work RVU: 4.25
2023 NF PE RVU: 20.64
2023 Fac PE RVU: 1.45

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 1,343

2023 Work RVU: 5.38
2023 NF PE RVU: 29.34
2023 Fac PE RVU: 1.77

RUC Recommendation: 5.63 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 4,199

2023 Work RVU: 7.60
2023 NF PE RVU: 30.28
2023 Fac PE RVU: 2.41

RUC Recommendation: 7.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 387

2023 Work RVU: 3.95
2023 NF PE RVU: 22.51
2023 Fac PE RVU: 1.36

RUC Recommendation: 4.20 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 13,465

2023 Work RVU: 2.61
2023 NF PE RVU: 16.39
2023 Fac PE RVU: 0.96

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 2,032

2023 Work RVU: 1.84
2023 NF PE RVU: 12.89
2023 Fac PE RVU: 0.79

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 892

2023 Work RVU: 4.75
2023 NF PE RVU: 109.05
2023 Fac PE RVU: 1.60

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 128

2023 Work RVU: 8.75
2023 NF PE RVU: 117.69
2023 Fac PE RVU: 2.68

RUC Recommendation: 9.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 196

2023 Work RVU: 9.03
2023 NF PE RVU: 118.57
2023 Fac PE RVU: 2.83

RUC Recommendation: 9.28 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 171

2023 Work RVU: 6.75
2023 NF PE RVU: 27.62
2023 Fac PE RVU: 2.32

RUC Recommendation: 7.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 1,076

2023 Work RVU: 2.85
2023 NF PE RVU: 11.93
2023 Fac PE RVU: 0.82

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 591

2023 Work RVU: 3.00
2023 NF PE RVU: 8.52
2023 Fac PE RVU: 0.88

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 309

2023 Work RVU: 3.28
2023 NF PE RVU: 21.69
2023 Fac PE RVU: 0.93

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 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 **2021 Medicare Utilization:** 81,342

2023 Work RVU: 10.47
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.73
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 **2021 Medicare Utilization:** 33,213

2023 Work RVU: 11.47
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.24
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 **2021 Medicare Utilization:** 6,202

2023 Work RVU: 17.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.28

RUC Recommendation: 20.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 920

2023 Work RVU: 18.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.71

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SIR **First Identified:** September 2007 **2021 Medicare Utilization:** 692

2023 Work RVU: 4.70
2023 NF PE RVU: 10.35
2023 Fac PE RVU: 1.76

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2021 Medicare Utilization:** 9,742

2023 Work RVU: 1.24
2023 NF PE RVU: 4.95
2023 Fac PE RVU: 0.73

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2021 Medicare Utilization:** 249,031

2023 Work RVU: 2.00
2023 NF PE RVU: 6.66
2023 Fac PE RVU: 0.93

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2021 Medicare Utilization:** 1,488

2023 Work RVU: 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.74

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2021 Medicare Utilization:** 5,284

2023 Work RVU: 4.00
2023 NF PE RVU: 22.45
2023 Fac PE RVU: 1.30

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2021 Medicare Utilization:** 30,720

2023 Work RVU: 4.00
2023 NF PE RVU: 22.46
2023 Fac PE RVU: 1.30

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2021 Medicare Utilization:** 170

2023 Work RVU: 4.25
2023 NF PE RVU: 17.98
2023 Fac PE RVU: 1.33

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** February 2010 **2021 Medicare Utilization:** 6,703

2023 Work RVU: 3.96
2023 NF PE RVU: 25.39
2023 Fac PE RVU: 1.50

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 1,208

2023 Work RVU: 4.21
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.51

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

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

2021 Medicare Utilization: 11,413

2023 Work RVU: 4.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.64

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 320

2023 Work RVU: 2.72
2023 NF PE RVU: 13.02
2023 Fac PE RVU: 2.18

RUC Recommendation: PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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

2021 Medicare Utilization: 39,992

2023 Work RVU: 7.96
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.78

RUC Recommendation: Reaffirmed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 8,416

2023 Work RVU: 9.09
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.33

RUC Recommendation: 10.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 1,576

2023 Work RVU: 11.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.20

RUC Recommendation: 12.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 15,973

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 10,060

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 3,456

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 2,765 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 20,065 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 476 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 432 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 2 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 14,622 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 6,203

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 510

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU: 5.96
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.79

RUC Recommendation: 6.27 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU: 8.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.65

RUC Recommendation: 9.00 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 10.26
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.35

RUC Recommendation: 10.80 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 13.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.50

RUC Recommendation: 14.00 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 13.94
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.70

RUC Recommendation: 14.88 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 18.67
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.42

RUC Recommendation: 20.00 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 7.42
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.38

RUC Recommendation: 7.75 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 10.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.32

RUC Recommendation: 10.79 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 11.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.84

RUC Recommendation: 12.00 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 15.55
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.28

RUC Recommendation: 16.50 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 16.03
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.57

RUC Recommendation: 16.97 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 22.67
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.90

RUC Recommendation: 24.00 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 13.70
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.48

RUC Recommendation: 14.24 **Referred to CPT** February 2021 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 17.06
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.61

RUC Recommendation: 18.00 **Referred to CPT** February 2021 **Result:** Decrease
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 **2021 Medicare Utilization:**

2023 Work RVU: 3.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.34

RUC Recommendation: 5.00 **Referred to CPT** February 2021 **Result:** Decrease
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 **2021 Medicare Utilization:** 8,623

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
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 **2021 Medicare Utilization:** 6,182

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 6,511

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 4,650

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 1,292

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 1,395

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 2,307

2023 Work RVU: 12.41
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.65

RUC Recommendation: 13.50 **Referred to CPT** September 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 5,692

2023 Work RVU: 20.91
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.72

RUC Recommendation: 22.00 **Referred to CPT** September 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 34,139

2023 Work RVU: 2.38
2023 NF PE RVU: 12.95
2023 Fac PE RVU: 1.10

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 11,349

2023 Work RVU: 39.88
2023 NF PE RVU: NA
2023 Fac PE RVU: 23.06

RUC Recommendation: 40.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 7,932

2023 Work RVU: 1.75
2023 NF PE RVU: 14.90
2023 Fac PE RVU: 0.50

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 818

2023 Work RVU: 2.90
2023 NF PE RVU: 15.86
2023 Fac PE RVU: 1.29

RUC Recommendation: 3.15 **Referred to CPT** October 2014 **Result:** Increase

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 **2021 Medicare Utilization:** 7,737

2023 Work RVU: 1.10
2023 NF PE RVU: 8.54
2023 Fac PE RVU: 0.72

RUC Recommendation: 1.42 **Referred to CPT** October 2014 **Result:** Increase

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 **2021 Medicare Utilization:** 27,988

2023 Work RVU: 4.00
2023 NF PE RVU: 23.04
2023 Fac PE RVU: 1.58

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Maintain

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 **2021 Medicare Utilization:** 5,296

2023 Work RVU: 5.05
2023 NF PE RVU: 28.63
2023 Fac PE RVU: 1.86

RUC Recommendation: 5.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 2,179

2023 Work RVU: 3.75
2023 NF PE RVU: 23.33
2023 Fac PE RVU: 1.45

RUC Recommendation: 4.20

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 46,485

2023 Work RVU: 1.82
2023 NF PE RVU: 16.18
2023 Fac PE RVU: 0.91

RUC Recommendation: 2.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 455

2023 Work RVU: 2.78
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.29

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 815

2023 Work RVU: 4.85
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.95

RUC Recommendation: 5.44 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 104

2023 Work RVU: 21.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.38

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

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 **2021 Medicare Utilization:** 2,250

2023 Work RVU: 25.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.98

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2021 Medicare Utilization:** 44,587

2023 Work RVU: 9.77
2023 NF PE RVU: 11.09
2023 Fac PE RVU: 5.95

RUC Recommendation: 9.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 2,682

2023 Work RVU: 16.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.43

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

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 **2021 Medicare Utilization:** 88

2023 Work RVU: 3.16
2023 NF PE RVU: 11.06
2023 Fac PE RVU: 0.53

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase

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 **2021 Medicare Utilization:** 3,734

2023 Work RVU: 3.96
2023 NF PE RVU: 25.72
2023 Fac PE RVU: 1.59

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2021 Medicare Utilization:** 807

2023 Work RVU: 5.25
2023 NF PE RVU: 27.96
2023 Fac PE RVU: 2.01

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase

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 **2021 Medicare Utilization:** 1,158

2023 Work RVU: 6.80
2023 NF PE RVU: 33.00
2023 Fac PE RVU: 2.50

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase

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 **2021 Medicare Utilization:** 67

2023 Work RVU: 4.03
2023 NF PE RVU: 51.21
2023 Fac PE RVU: 0.67

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2021 Medicare Utilization:** 1,315

2023 Work RVU: 3.80
2023 NF PE RVU: 21.16
2023 Fac PE RVU: 1.08

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2021 Medicare Utilization:** 4,081

2023 Work RVU: 4.49
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.61

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2021 Medicare Utilization:** 12,932

2023 Work RVU: 2.70
2023 NF PE RVU: 4.20
2023 Fac PE RVU: 1.22

RUC Recommendation: 2.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 178,463

2023 Work RVU: 0.60
2023 NF PE RVU: 1.60
2023 Fac PE RVU: 0.21

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 142,086

2023 Work RVU: 0.50
2023 NF PE RVU: 0.76
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 215,814

2023 Work RVU: 0.50
2023 NF PE RVU: 1.28
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2021 Medicare Utilization:** 51,883

2023 Work RVU: 1.47
2023 NF PE RVU: 2.83
2023 Fac PE RVU: 0.60

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)** **Global:** 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2021 Medicare Utilization:** 164,465

2023 Work RVU: 0.87
2023 NF PE RVU: 1.64
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 3,591

2023 Work RVU: 1.71
2023 NF PE RVU: 7.14
2023 Fac PE RVU: NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain

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 **2021 Medicare Utilization:** 1,768

2023 Work RVU: 2.11
2023 NF PE RVU: 8.62
2023 Fac PE RVU: NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / 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 **2021 Medicare Utilization:** 79,629

2023 Work RVU: 2.11
2023 NF PE RVU: 8.62
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 2.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug or Sep 2023

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 **2021 Medicare Utilization:** 51,510

2023 Work RVU: 2.51
2023 NF PE RVU: 8.79
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 2.51 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug or Sep 2023

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 **2021 Medicare Utilization:** 8,620

2023 Work RVU: 0.17
2023 NF PE RVU: 0.21
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 / 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 **2021 Medicare Utilization:** 350,551

2023 Work RVU: 0.17
2023 NF PE RVU: 0.22
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug or Sep 2023

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 120,477

2023 Work RVU: 0.75
2023 NF PE RVU: 1.08
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.75.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug or Sep 2023

Result: Decrease

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 **2021 Medicare Utilization:** 4,455

2023 Work RVU: 1.10
2023 NF PE RVU: 6.91
2023 Fac PE RVU: NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Result: Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 97,767

2023 Work RVU: 0.80
2023 NF PE RVU: 4.90
2023 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2021 Medicare Utilization:** 1,905,320

2023 Work RVU: 0.00
2023 NF PE RVU: 0.31
2023 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 802,751

2023 Work RVU: 1.53
2023 NF PE RVU: 5.49
2023 Fac PE RVU: 0.64

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 16,046

2023 Work RVU: 3.50
2023 NF PE RVU: 18.60
2023 Fac PE RVU: 1.20

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2021 Medicare Utilization:** 29,889

2023 Work RVU: 4.05
2023 NF PE RVU: 18.98
2023 Fac PE RVU: 1.39

RUC Recommendation: 4.05 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 25,056

2023 Work RVU: 4.62
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.01

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 32,132

2023 Work RVU: 5.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.33

RUC Recommendation: 5.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; large bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2021 Medicare Utilization:** 20,534

2023 Work RVU: 7.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.03

RUC Recommendation: 8.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2021 Medicare Utilization:** 52,235

2023 Work RVU: 2.75
2023 NF PE RVU: 6.70
2023 Fac PE RVU: 1.36

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52287 **Cystourethroscopy, with injection(s) for chemodenervation of the bladder** **Global:** 000 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2021 Medicare Utilization:** 55,054

2023 Work RVU: 3.20
2023 NF PE RVU: 8.06
2023 Fac PE RVU: 1.35

RUC Recommendation: Remove from Screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, gibbons or double-j type)** **Global:** 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2021 Medicare Utilization:** 142,221

2023 Work RVU: 2.82
2023 NF PE RVU: 8.88
2023 Fac PE RVU: 1.38

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde** **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2021 Medicare Utilization:** 232

2023 Work RVU: 3.37
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.57

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease
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 **2021 Medicare Utilization:** 2,071

2023 Work RVU: 5.35
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.30
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 **2021 Medicare Utilization:** 180

2023 Work RVU: 5.85
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.47
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 **2021 Medicare Utilization:** 28

2023 Work RVU: 6.55
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.71
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 **2021 Medicare Utilization:** 3,331

2023 Work RVU: 7.05
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.87
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 **2021 Medicare Utilization:** 402

2023 Work RVU: 7.55
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.04
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 **2021 Medicare Utilization:** 323

2023 Work RVU: 8.58
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.40
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 **2021 Medicare Utilization:** 21,713

2023 Work RVU: 5.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.40
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 **2021 Medicare Utilization:** 21,092

2023 Work RVU: 6.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.78
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 **2021 Medicare Utilization:** 10,320

2023 Work RVU: 7.50 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.03 **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 **2021 Medicare Utilization:** 8,674

2023 Work RVU: 8.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.20 **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 **2021 Medicare Utilization:** 857

2023 Work RVU: 9.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.55 **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 **2021 Medicare Utilization:** 80,680

2023 Work RVU: 8.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.16

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2021 Medicare Utilization:** 64

2023 Work RVU: 8.69
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.32

RUC Recommendation: 8.69 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 107,292

2023 Work RVU: 1.01
2023 NF PE RVU: 24.99
2023 Fac PE RVU: 0.35

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 2,446

2023 Work RVU: 8.14
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.46
Result: Decrease

RUC Recommendation: 8.14 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 39,991

2023 Work RVU: 13.16
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.74
Result: Decrease

RUC Recommendation: 13.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

52640 **Transurethral resection; of postoperative bladder neck contracture** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2021 Medicare Utilization:** 1,332

2023 Work RVU: 4.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.19
Result: Decrease

RUC Recommendation: 4.79 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 15,604

2023 Work RVU: 12.15
2023 NF PE RVU: 34.77
2023 Fac PE RVU: 6.84

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 **2021 Medicare Utilization:** 1,797

2023 Work RVU: 13.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.81

RUC Recommendation: 13.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 1,154

2023 Work RVU: 5.42
2023 NF PE RVU: 36.52
2023 Fac PE RVU: 4.46

RUC Recommendation: 10.08 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,430

2023 Work RVU: 14.52
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.60
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 **2021 Medicare Utilization:** 1,146

2023 Work RVU: 15.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.49
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 **2021 Medicare Utilization:** 2,184

2023 Work RVU: 5.30
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.74
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 **2021 Medicare Utilization:** 1,019

2023 Work RVU: 8.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.56
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:** Biopsy of Prostate

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

2021 Medicare Utilization: 139,901

2023 Work RVU: 2.50

2023 NF PE RVU: 4.41

2023 Fac PE RVU: 1.01

RUC Recommendation: Refer to CPT. 2.50

Referred to CPT September 2023

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 2,636

2023 Work RVU: 6.28

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.11

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 1,345

2023 Work RVU: 21.36

2023 NF PE RVU: NA

2023 Fac PE RVU: 10.48

RUC Recommendation: 21.36

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 99

2023 Work RVU: 21.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.48

RUC Recommendation: 24.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 31 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2021 Medicare Utilization:** 589

2023 Work RVU: 25.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.80

RUC Recommendation: 29.07 **Referred to CPT** **Result:** Decrease

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?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2021 Medicare Utilization:** 19,282

2023 Work RVU: 22.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.04

RUC Recommendation: Action plan. 26.80 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 1,093

2023 Work RVU: 13.60
2023 NF PE RVU: 157.69
2023 Fac PE RVU: 7.35

RUC Recommendation: 13.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:**

First Identified: April 2015 **2021 Medicare Utilization:** 5,121

2023 Work RVU: 13.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.17

RUC Recommendation: Review data at RAW

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 2,305

2023 Work RVU: 3.08
2023 NF PE RVU: 4.80
2023 Fac PE RVU: 2.82

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 2,828

2023 Work RVU: 7.53
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.87

RUC Recommendation: 7.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 20,062

2023 Work RVU: 0.50
2023 NF PE RVU: 1.17
2023 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2021 Medicare Utilization:** 2,548

2023 Work RVU: 5.15
2023 NF PE RVU: 6.28
2023 Fac PE RVU: 2.85

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2021 Medicare Utilization:** 15,080

2023 Work RVU: 2.69
2023 NF PE RVU: 3.95
2023 Fac PE RVU: 1.60

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Result:** Decrease

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 **2021 Medicare Utilization:** 74,669

2023 Work RVU: 0.89
2023 NF PE RVU: 1.21
2023 Fac PE RVU: 0.34

RUC Recommendation: 0.89 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 6,409

2023 Work RVU: 10.08
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.79

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2021 Medicare Utilization:** 7,699

2023 Work RVU: 10.08
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.82

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

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 **2021 Medicare Utilization:** 7,785

2023 Work RVU: 13.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.02

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2021 Medicare Utilization:** 3,401

2023 Work RVU: 15.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.73

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Result:** Decrease

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 **2021 Medicare Utilization:** 5,779

2023 Work RVU: 11.63
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.40

RUC Recommendation: 13.48 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 4,707

2023 Work RVU: 11.66
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.46

RUC Recommendation: 13.51 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 1,277

2023 Work RVU: 11.15
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.48
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 **2021 Medicare Utilization:** 18,874

2023 Work RVU: 12.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.33
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 **2021 Medicare Utilization:** 9,056

2023 Work RVU: 17.03
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.46
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 **2021 Medicare Utilization:** 61,999

2023 Work RVU: 1.21
2023 NF PE RVU: 1.66
2023 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 **2021 Medicare Utilization:** 620

2023 Work RVU: 0.77
2023 NF PE RVU: 0.60
2023 Fac PE RVU: 0.30

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2021 Medicare Utilization:** 1,257

2023 Work RVU: 2.65
2023 NF PE RVU: 7.88
2023 Fac PE RVU: 1.42

RUC Recommendation: 3.07 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without d & c**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2021 Medicare Utilization:** 41,984

2023 Work RVU: 4.17
2023 NF PE RVU: 35.64
2023 Fac PE RVU: 2.03

RUC Recommendation: 4.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 105

2023 Work RVU: 5.20
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.41

RUC Recommendation: 5.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 28

2023 Work RVU: 5.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.61

RUC Recommendation: 6.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 2,045

2023 Work RVU: 6.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.95

RUC Recommendation: 7.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 207

2023 Work RVU: 4.00
2023 NF PE RVU: 8.42
2023 Fac PE RVU: 1.94
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, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2021 Medicare Utilization:** 1,758

2023 Work RVU: 4.47
2023 NF PE RVU: 59.24
2023 Fac PE RVU: 2.12
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 **2021 Medicare Utilization:** 693

2023 Work RVU: 11.59
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.70
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 **2021 Medicare Utilization:** 11,255

2023 Work RVU: 11.35
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.31

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2021 Medicare Utilization:** 2,148

2023 Work RVU: 36.58
2023 NF PE RVU: NA
2023 Fac PE RVU: 25.48

RUC Recommendation: 32.69 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2021 Medicare Utilization:** 1,129

2023 Work RVU: 14.37
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.76

RUC Recommendation: 14.37 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2021 Medicare Utilization:** 601

2023 Work RVU: 18.34
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.46
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 **2021 Medicare Utilization:** 31

2023 Work RVU: 1.71
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.85
Result: Maintain

RUC Recommendation: 1.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2021 Medicare Utilization:** 44

2023 Work RVU: 1.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.63
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 **2021 Medicare Utilization:** 525

2023 Work RVU: 7.80
2023 NF PE RVU: 6.96
2023 Fac PE RVU: 3.08
Result: Decrease

RUC Recommendation: 6.31

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 519

2023 Work RVU: 14.30
2023 NF PE RVU: 12.69
2023 Fac PE RVU: 5.67

RUC Recommendation: 11.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2021 Medicare Utilization:** 642

2023 Work RVU: 3.22
2023 NF PE RVU: 3.87
2023 Fac PE RVU: 1.27

RUC Recommendation: 2.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2021 Medicare Utilization:** 1,825

2023 Work RVU: 40.39
2023 NF PE RVU: NA
2023 Fac PE RVU: 27.17

RUC Recommendation: 36.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** October 2008 **2021 Medicare Utilization:** 974

2023 Work RVU: 16.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.33

RUC Recommendation: 16.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 602

2023 Work RVU: 22.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.43
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 **2021 Medicare Utilization:** 92

2023 Work RVU: 38.29
2023 NF PE RVU: NA
2023 Fac PE RVU: 25.58
Result: Increase

RUC Recommendation: 34.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2021 Medicare Utilization:** 36

2023 Work RVU: 16.09
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.22
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 **2021 Medicare Utilization:** 23

2023 Work RVU: 20.06
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.24
Result: Increase

RUC Recommendation: 20.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 17

2023 Work RVU: 40.91
2023 NF PE RVU: NA
2023 Fac PE RVU: 27.25

RUC Recommendation: 36.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 14

2023 Work RVU: 16.66
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.44

RUC Recommendation: 16.66 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 12

2023 Work RVU: 22.66
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.13

RUC Recommendation: 22.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 6,624

2023 Work RVU: 11.19
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.92

RUC Recommendation: 12.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 208

2023 Work RVU: 14.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.46
Result: Maintain

RUC Recommendation: 14.67

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2021 Medicare Utilization:** 357

2023 Work RVU: 17.16
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.19
Result: Remove from Screen

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 220

2023 Work RVU: 19.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.54
Result: Remove from Screen

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 91

2023 Work RVU: 23.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.24

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 135

2023 Work RVU: 2.10
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.06

RUC Recommendation: Editorial change

Referred to CPT October 2013

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:** RAW **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 **2021 Medicare Utilization:** 9,239

2023 Work RVU: 20.12
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.37

RUC Recommendation: Refer to CPT for code bundling solution

Referred to CPT September 2023

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 **2021 Medicare Utilization:** 15,500

2023 Work RVU: 3.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.80

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease

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 **2021 Medicare Utilization:** 16,258

2023 Work RVU: 3.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.50

RUC Recommendation: 3.18 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2021 Medicare Utilization:** 23,110

2023 Work RVU: 3.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.84

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2021 Medicare Utilization:** 6,056

2023 Work RVU: 13.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.30

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 7,926

2023 Work RVU: 3.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.67

RUC Recommendation: 3.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 3,065

2023 Work RVU: 19.85
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.01

RUC Recommendation: 19.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 764

2023 Work RVU: 4.81
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.31

RUC Recommendation: 4.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 4,244

2023 Work RVU: 2.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.36

RUC Recommendation: 2.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2021 Medicare Utilization:** 4,573

2023 Work RVU: 6.05
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.59

RUC Recommendation: 6.44 **Referred to CPT** October 2009 **Result:** Decrease

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:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS

First Identified: September 2007 **2021 Medicare Utilization:** 167

2023 Work RVU: 5.00
2023 NF PE RVU: 13.64
2023 Fac PE RVU: 3.94

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 24,458

2023 Work RVU: 1.22
2023 NF PE RVU: 2.53
2023 Fac PE RVU: 0.41

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Increase

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 **2021 Medicare Utilization:** 3,414

2023 Work RVU: 1.58
2023 NF PE RVU: 3.34
2023 Fac PE RVU: 0.69

RUC Recommendation: 1.80 **Referred to CPT** September 2018 **Result:** Increase

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 **2021 Medicare Utilization:** 198

2023 Work RVU: 2.66
2023 NF PE RVU: 4.29
2023 Fac PE RVU: 1.80

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 15,012

2023 Work RVU: 1.54
2023 NF PE RVU: 4.01
2023 Fac PE RVU: 0.77

RUC Recommendation: 1.54 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar** **Global:** 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2021 Medicare Utilization:** 87

2023 Work RVU: 9.03
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.86

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

62290 **Injection procedure for discography, each level; lumbar** **Global:** 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2021 Medicare Utilization:** 5,927

2023 Work RVU: 3.00
2023 NF PE RVU: 7.24
2023 Fac PE RVU: 1.38

RUC Recommendation: 3.00, CPT Assistant article published. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Status Report: CMS Requests and Relativity Assessment Issues

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 2,683

2023 Work RVU: 2.29
2023 NF PE RVU: 5.23
2023 Fac PE RVU: 1.01

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 311

2023 Work RVU: 2.29
2023 NF PE RVU: 5.37
2023 Fac PE RVU: 1.01

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 11,749

2023 Work RVU: 2.25
2023 NF PE RVU: 5.22
2023 Fac PE RVU: 1.00

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 5,024

2023 Work RVU: 2.35
2023 NF PE RVU: 5.79
2023 Fac PE RVU: 1.04

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 3,525

2023 Work RVU: 1.80
2023 NF PE RVU: 2.89
2023 Fac PE RVU: 0.92

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

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 **2021 Medicare Utilization:** 192,290

2023 Work RVU: 1.95
2023 NF PE RVU: 5.71
2023 Fac PE RVU: 1.01

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 **2021 Medicare Utilization:** 28,139

2023 Work RVU: 1.55
2023 NF PE RVU: 2.41
2023 Fac PE RVU: 0.65

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 **2021 Medicare Utilization:** 603,606

2023 Work RVU: 1.80
2023 NF PE RVU: 5.76
2023 Fac PE RVU: 0.94

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 **2021 Medicare Utilization:** 13,434

2023 Work RVU: 1.89
2023 NF PE RVU: 2.07
2023 Fac PE RVU: 0.58

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 846

2023 Work RVU: 2.20
2023 NF PE RVU: 5.20
2023 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 **2021 Medicare Utilization:** 2,184

2023 Work RVU: 1.78
2023 NF PE RVU: 2.21
2023 Fac PE RVU: 0.59

RUC Recommendation: 1.78 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 1,530

2023 Work RVU: 1.90
2023 NF PE RVU: 5.96
2023 Fac PE RVU: 1.03

RUC Recommendation: 1.90 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 42,476

2023 Work RVU: 1.73
2023 NF PE RVU: 5.03
2023 Fac PE RVU: 0.63

RUC Recommendation: 1.95 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 2,148

2023 Work RVU: 2.03
2023 NF PE RVU: 6.18
2023 Fac PE RVU: 0.80

RUC Recommendation: 2.25 **Referred to CPT** September 2018 **Result:** Increase

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 **2021 Medicare Utilization:** 4,451

2023 Work RVU: 6.05
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.68

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 913

2023 Work RVU: 3.55
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.89

RUC Recommendation: 4.35 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 205

2023 Work RVU: 4.33
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.21

RUC Recommendation: 4.33 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 40

2023 Work RVU: 5.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.15
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 **2021 Medicare Utilization:** 6,583

2023 Work RVU: 5.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.67
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 **2021 Medicare Utilization:** 994

2023 Work RVU: 3.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.00
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 **2021 Medicare Utilization:** 7,208

2023 Work RVU: 0.48
2023 NF PE RVU: 0.41
2023 Fac PE RVU: 0.19

RUC Recommendation: New PE inputs. 0.48 **Referred to CPT** October 2010 **Result:** Maintain

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 **2021 Medicare Utilization:** 34,198

2023 Work RVU: 0.67
2023 NF PE RVU: 0.56
2023 Fac PE RVU: 0.27

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

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 **2021 Medicare Utilization:** 24,182

2023 Work RVU: 0.67
2023 NF PE RVU: 2.00
2023 Fac PE RVU: 0.28

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

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 **2021 Medicare Utilization:** 94,529

2023 Work RVU: 0.90
2023 NF PE RVU: 1.77
2023 Fac PE RVU: 0.36

RUC Recommendation: New PE inputs. 1.10 **Referred to CPT** October 2010 **Result:** Decrease

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 **2021 Medicare Utilization:** 927

2023 Work RVU: 14.91
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.40

RUC Recommendation: 15.95 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** 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 **2021 Medicare Utilization:** 21,722

2023 Work RVU: 12.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.75

RUC Recommendation: 13.18 **Referred to CPT** September 2021 **Result:** Maintain

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 **2021 Medicare Utilization:** 5,203

2023 Work RVU: 3.86
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.92

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 8,780

2023 Work RVU: 18.76
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.72

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 10,176

2023 Work RVU: 17.95
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.63

RUC Recommendation: 17.95 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 3,910

2023 Work RVU: 17.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.15

RUC Recommendation: 17.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 85,737

2023 Work RVU: 15.37
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.14

RUC Recommendation: 15.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 110,425

2023 Work RVU: 3.47
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.73

RUC Recommendation: 3.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 4,890

2023 Work RVU: 21.86
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.94

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2021 Medicare Utilization:** 243

2023 Work RVU: 19.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.00

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2021 Medicare Utilization:** 163

2023 Work RVU: 4.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.02

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain

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 **2021 Medicare Utilization:** 3,920

2023 Work RVU: 26.10
2023 NF PE RVU: NA
2023 Fac PE RVU: 18.39

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 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 **2021 Medicare Utilization:** 687

2023 Work RVU: 30.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 19.06

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain

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 **2021 Medicare Utilization:** 546

2023 Work RVU: 15.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.16

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2021 Medicare Utilization: 181

2023 Work RVU: 4.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.93

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 79,217

2023 Work RVU: 7.15
2023 NF PE RVU: 61.14
2023 Fac PE RVU: 4.33

RUC Recommendation: 7.20. New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 6,491

2023 Work RVU: 10.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.67

RUC Recommendation: 11.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2021 Medicare Utilization:** 3,609

2023 Work RVU: 5.08
2023 NF PE RVU: 14.48
2023 Fac PE RVU: 3.75

RUC Recommendation: 5.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2021 Medicare Utilization:** 2,003

2023 Work RVU: 11.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.84

RUC Recommendation: 10.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2021 Medicare Utilization:** 1,474

2023 Work RVU: 7.75
2023 NF PE RVU: 18.19
2023 Fac PE RVU: 4.56

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 596

2023 Work RVU: 11.52
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.16

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** 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 **2021 Medicare Utilization:** 25,656

2023 Work RVU: 5.19
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.54

RUC Recommendation: 5.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

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 **2021 Medicare Utilization:** 7,334

2023 Work RVU: 5.30
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.72

RUC Recommendation: 4.35 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 37,721

2023 Work RVU: 0.75
2023 NF PE RVU: 2.42
2023 Fac PE RVU: 0.56

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 122,806

2023 Work RVU: 0.94
2023 NF PE RVU: 1.08
2023 Fac PE RVU: 0.41

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 1,288

2023 Work RVU: 0.75
2023 NF PE RVU: 1.60
2023 Fac PE RVU: 0.48

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

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 **2021 Medicare Utilization:** 188,043

2023 Work RVU: 1.50
2023 NF PE RVU: 2.41
2023 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 **2021 Medicare Utilization:** 14,334

2023 Work RVU: 1.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.34

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 **2021 Medicare Utilization:** 15,954

2023 Work RVU: 1.31
2023 NF PE RVU: 3.36
2023 Fac PE RVU: 0.44

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 **2021 Medicare Utilization:** 29,207

2023 Work RVU: 1.10
2023 NF PE RVU: 1.38
2023 Fac PE RVU: 0.43

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 20,712

2023 Work RVU: 1.08
2023 NF PE RVU: 1.73
2023 Fac PE RVU: 0.55

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 18,781

2023 Work RVU: 0.50
2023 NF PE RVU: 0.44
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 7,700

2023 Work RVU: 1.00
2023 NF PE RVU: 2.21
2023 Fac PE RVU: 0.52

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 4,666

2023 Work RVU: 1.00
2023 NF PE RVU: 1.83
2023 Fac PE RVU: 0.50

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 43

2023 Work RVU: 0.75
2023 NF PE RVU: 1.56
2023 Fac PE RVU: 0.42

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 128,862

2023 Work RVU: 1.39
2023 NF PE RVU: 3.26
2023 Fac PE RVU: 0.61

RUC Recommendation: 1.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

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 **2021 Medicare Utilization:** 5,217

2023 Work RVU: 1.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.34

RUC Recommendation: 1.75 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 301,602

2023 Work RVU: 1.34
2023 NF PE RVU: 2.03
2023 Fac PE RVU: 0.41

RUC Recommendation: 1.34 **Referred to CPT** May 2021 **Result:** Decrease

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 **2021 Medicare Utilization:** 30,575

2023 Work RVU: 1.68
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.31

RUC Recommendation: 1.68 **Referred to CPT** May 2021 **Result:** Increase

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 **2021 Medicare Utilization:** 1,298

2023 Work RVU: 1.27
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.44

RUC Recommendation: 1.55 **Referred to CPT** February 2008 **Result:** Decrease

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 **2021 Medicare Utilization:** 363,846

2023 Work RVU: 0.75
2023 NF PE RVU: 1.41
2023 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 21,967

2023 Work RVU: 1.52
2023 NF PE RVU: 5.16
2023 Fac PE RVU: 0.75

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 37,945

2023 Work RVU: 1.52
2023 NF PE RVU: 4.96
2023 Fac PE RVU: 0.76

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 68,180

2023 Work RVU: 0.75
2023 NF PE RVU: 0.67
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 7,431

2023 Work RVU: 1.75
2023 NF PE RVU: 2.12
2023 Fac PE RVU: 0.39

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW

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 **2021 Medicare Utilization:** 2,015

2023 Work RVU: 1.10
2023 NF PE RVU: 0.95
2023 Fac PE RVU: 0.24

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,254

2023 Work RVU: 1.90
2023 NF PE RVU: 4.90
2023 Fac PE RVU: 0.35

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 40,431

2023 Work RVU: 2.29
2023 NF PE RVU: 5.42
2023 Fac PE RVU: 1.34

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase

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 **2021 Medicare Utilization:** 17,260

2023 Work RVU: 1.20
2023 NF PE RVU: 2.70
2023 Fac PE RVU: 0.49

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease

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 **2021 Medicare Utilization:** 956,821

2023 Work RVU: 1.90
2023 NF PE RVU: 5.28
2023 Fac PE RVU: 1.19

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease

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 **2021 Medicare Utilization:** 378,950

2023 Work RVU: 1.00
2023 NF PE RVU: 2.24
2023 Fac PE RVU: 0.42

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease
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 **2021 Medicare Utilization:** 63,110

2023 Work RVU: 1.60
2023 NF PE RVU: 2.43
2023 Fac PE RVU: 0.30

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
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:** **2021 Medicare Utilization:** 230,815

2023 Work RVU: 1.82
2023 NF PE RVU: 3.70
2023 Fac PE RVU: 1.10

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:** 205,617

2023 Work RVU: 1.16
2023 NF PE RVU: 1.61
2023 Fac PE RVU: 0.47

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2021 Medicare Utilization:** 43,472

2023 Work RVU: 1.16
2023 NF PE RVU: 1.63
2023 Fac PE RVU: 0.50

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2021 Medicare Utilization:** 783,861

2023 Work RVU: 1.52
2023 NF PE RVU: 3.58
2023 Fac PE RVU: 0.98

RUC Recommendation: 1.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:** 697,875

2023 Work RVU: 1.00
2023 NF PE RVU: 1.60
2023 Fac PE RVU: 0.41

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2021 Medicare Utilization:** 122,717

2023 Work RVU: 1.00
2023 NF PE RVU: 1.60
2023 Fac PE RVU: 0.43

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 5,905

2023 Work RVU: 1.22
2023 NF PE RVU: 3.04
2023 Fac PE RVU: 0.94

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 14,830

2023 Work RVU: 1.35
2023 NF PE RVU: 5.40
2023 Fac PE RVU: 1.02

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2021 Medicare Utilization:** 192

2023 Work RVU: 6.13
2023 NF PE RVU: 69.03
2023 Fac PE RVU: 4.75

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase
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 **2021 Medicare Utilization:** 7,898

2023 Work RVU: 5.76
2023 NF PE RVU: 58.43
2023 Fac PE RVU: 3.25

RUC Recommendation: 5.76. Article published Jan2016 and addressed issues.

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2021 Medicare Utilization:** 17,727

2023 Work RVU: 5.44
2023 NF PE RVU: 16.04
2023 Fac PE RVU: 2.82

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 165,975

2023 Work RVU: 0.60
2023 NF PE RVU: 2.83
2023 Fac PE RVU: 0.21

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 2,011

2023 Work RVU: 9.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.19

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 12,912

2023 Work RVU: 12.20
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.62
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 or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2021 Medicare Utilization:** 15,130

2023 Work RVU: 2.45
2023 NF PE RVU: 5.07
2023 Fac PE RVU: 1.99
Result: Remove from Screen

RUC Recommendation: Action Plan. New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:**

64595 **Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver**

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 **2021 Medicare Utilization:** 3,062

2023 Work RVU: 1.78
2023 NF PE RVU: 4.91
2023 Fac PE RVU: 1.76
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

64615 **Chemodenervation 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 **2021 Medicare Utilization:** 149,976

2023 Work RVU: 1.85
2023 NF PE RVU: 2.13
2023 Fac PE RVU: 1.18

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 86,057

2023 Work RVU: 3.32
2023 NF PE RVU: 9.48
2023 Fac PE RVU: 2.03

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

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 **2021 Medicare Utilization:** 119,880

2023 Work RVU: 1.32
2023 NF PE RVU: 6.27
2023 Fac PE RVU: 0.53

RUC Recommendation: 1.32 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2021 Medicare Utilization:** 342,267

2023 Work RVU: 3.32
2023 NF PE RVU: 9.60
2023 Fac PE RVU: 2.04

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2021 Medicare Utilization:** 462,017

2023 Work RVU: 1.16
2023 NF PE RVU: 5.98
2023 Fac PE RVU: 0.47

RUC Recommendation: 1.16 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2021 Medicare Utilization:** 64,408

2023 Work RVU: 1.98
2023 NF PE RVU: 5.20
2023 Fac PE RVU: 1.33

RUC Recommendation: 1.23. Remove 99238.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 6,398

2023 Work RVU: 6.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.65

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 645

2023 Work RVU: 8.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.18

RUC Recommendation: Remove from screen

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2021 Medicare Utilization:** 794

2023 Work RVU: 9.16
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.04

RUC Recommendation: 9.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

64XX2

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64XX3

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64XX4

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2021 Medicare Utilization:** 646

2023 Work RVU: 9.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 17.80

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 23,025

2023 Work RVU: 0.49
2023 NF PE RVU: 0.33
2023 Fac PE RVU: 0.33

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 22,067

2023 Work RVU: 0.61
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.41

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 21,757

2023 Work RVU: 0.84
2023 NF PE RVU: 1.12
2023 Fac PE RVU: 0.59

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 622

2023 Work RVU: 15.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.94
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 **2021 Medicare Utilization:** 44,738

2023 Work RVU: 1.00
2023 NF PE RVU: 38.67
2023 Fac PE RVU: 0.51
Result: Decrease

RUC Recommendation: 0.84

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 621

2023 Work RVU: 2.50
2023 NF PE RVU: 31.48
2023 Fac PE RVU: 1.62
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

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 **2021 Medicare Utilization:** 1,500

2023 Work RVU: 7.81
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.31

RUC Recommendation: 7.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO **First Identified:** September 2011 **2021 Medicare Utilization:** 21,162

2023 Work RVU: 1.53
2023 NF PE RVU: 1.89
2023 Fac PE RVU: 0.96

RUC Recommendation: 1.53 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65820 **Goniotomy**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 21,145

2023 Work RVU: 8.91
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.83

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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

2021 Medicare Utilization: 134,166

2023 Work RVU: 3.00
2023 NF PE RVU: 4.03
2023 Fac PE RVU: 2.81

RUC Recommendation: 3.00

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 5,537

2023 Work RVU: 13.94
2023 NF PE RVU: NA
2023 Fac PE RVU: 17.17

RUC Recommendation: 13.94

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014

2021 Medicare Utilization: 2,229

2023 Work RVU: 14.84
2023 NF PE RVU: NA
2023 Fac PE RVU: 19.16

RUC Recommendation: 14.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAO

First Identified: April 2010

2021 Medicare Utilization: 16,775

2023 Work RVU: 7.62
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.16

RUC Recommendation: 8.53

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAO

First Identified: October 2020

2021 Medicare Utilization: 431

2023 Work RVU: 9.34
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.26

RUC Recommendation: 10.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 691

2023 Work RVU: 14.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.71

RUC Recommendation: 14.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2021 Medicare Utilization:** 9,749

2023 Work RVU: 15.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 17.35

RUC Recommendation: Maintain. 15.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2021 Medicare Utilization:** 6,717

2023 Work RVU: 13.20
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.07

RUC Recommendation: Maintain. 13.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 502

2023 Work RVU: 9.58
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.01

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 1,500

2023 Work RVU: 10.58
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.65

RUC Recommendation: Maintain. 10.58 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 754

2023 Work RVU: 5.62
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.86

RUC Recommendation: 6.36 **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 52,500

2023 Work RVU: 3.00
2023 NF PE RVU: 5.64
2023 Fac PE RVU: 3.72

RUC Recommendation: Maintain. 3.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, yag laser) (1 or more stages)** **Global:** 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** AAO **First Identified:** October 2010 **2021 Medicare Utilization:** 635,643

2023 Work RVU: 3.42
2023 NF PE RVU: 6.22
2023 Fac PE RVU: 5.52

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; 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?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2021 Medicare Utilization:** 147,982

2023 Work RVU: 10.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.87

RUC Recommendation: 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 79

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

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?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2021 Medicare Utilization:** 1,527,486

2023 Work RVU: 7.35
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.09

RUC Recommendation: Action Plan. 7.35

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 918

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 13.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 5,398

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 10.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 12.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.06

RUC Recommendation: 12.13

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU: 9.23
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.16

RUC Recommendation: 9.23

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 3,951,441

2023 Work RVU: 1.44
2023 NF PE RVU: 1.80
2023 Fac PE RVU: 1.14

RUC Recommendation: 1.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 17,220

2023 Work RVU: 12.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 13.26

RUC Recommendation: 12.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2021 Medicare Utilization: 3,661

2023 Work RVU: 13.20

2023 NF PE RVU: NA

2023 Fac PE RVU: 13.95

RUC Recommendation: 13.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

2021 Medicare Utilization: 6,743

2023 Work RVU: 14.50

2023 NF PE RVU: NA

2023 Fac PE RVU: 14.77

RUC Recommendation: 14.50

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

2021 Medicare Utilization: 11,425

2023 Work RVU: 16.33

2023 NF PE RVU: NA

2023 Fac PE RVU: 15.94

RUC Recommendation: 16.33

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 23,661

2023 Work RVU: 16.33
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.93

RUC Recommendation: 16.33 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 289

2023 Work RVU: 17.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.61

RUC Recommendation: 17.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2021 Medicare Utilization:** 286

2023 Work RVU: 3.50
2023 NF PE RVU: 6.13
2023 Fac PE RVU: 4.61

RUC Recommendation: 3.50 **Referred to CPT** May 2015 **Result:** Decrease

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

2021 Medicare Utilization: 3,103

2023 Work RVU: 3.39
2023 NF PE RVU: 5.10
2023 Fac PE RVU: 4.44

RUC Recommendation: 3.84

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 449

2023 Work RVU: 16.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.73

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2021 Medicare Utilization: 15,259

2023 Work RVU: 17.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.43

RUC Recommendation: 17.13

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2021 Medicare Utilization:** 2,171

2023 Work RVU: 10.25
2023 NF PE RVU: 15.27
2023 Fac PE RVU: 12.88

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:** 10,813

2023 Work RVU: 19.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 18.52

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 1,128

2023 Work RVU: 2.53
2023 NF PE RVU: 5.26
2023 Fac PE RVU: 3.65

RUC Recommendation: 2.53 **Referred to CPT** May 2020 **Result:** Decrease

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 **2021 Medicare Utilization:** 30,277

2023 Work RVU: 2.53
2023 NF PE RVU: 4.46
2023 Fac PE RVU: 3.65

RUC Recommendation: 2.53 **Referred to CPT** May 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2021 Medicare Utilization:** 41,588

2023 Work RVU: 6.36
2023 NF PE RVU: 8.35
2023 Fac PE RVU: 7.80

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2021 Medicare Utilization:** 2,172

2023 Work RVU: 6.36
2023 NF PE RVU: 8.80
2023 Fac PE RVU: 7.80

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (list separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** P **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2021 Medicare Utilization:** 125

2023 Work RVU: 0.47
2023 NF PE RVU: 0.35
2023 Fac PE RVU: 0.30

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2021 Medicare Utilization:** 46,728

2023 Work RVU: 4.39
2023 NF PE RVU: 5.28
2023 Fac PE RVU: 4.17

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2021 Medicare Utilization:** 706

2023 Work RVU: 8.38
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.25
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 **2021 Medicare Utilization:** 4,449

2023 Work RVU: 5.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.02
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 **2021 Medicare Utilization:** 1,281

2023 Work RVU: 9.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.29
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 **2021 Medicare Utilization:** 2,238

2023 Work RVU: 5.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.02

RUC Recommendation: 5.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 140

2023 Work RVU: 10.31
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.83

RUC Recommendation: 10.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 143

2023 Work RVU: 9.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.65

RUC Recommendation: 9.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 290

2023 Work RVU: 3.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.75

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 871

2023 Work RVU: 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.52

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 1,424

2023 Work RVU: 3.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.39

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 125

2023 Work RVU: 2.06
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.38

RUC Recommendation: 2.06 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 1,511

2023 Work RVU: 3.23
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.02

RUC Recommendation: 3.23 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 69

2023 Work RVU: 5.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.17

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 7,736

2023 Work RVU: 1.18
2023 NF PE RVU: 0.99
2023 Fac PE RVU: 0.60

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 79

2023 Work RVU: 1.18
2023 NF PE RVU: 1.28
2023 Fac PE RVU: 0.85

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67515 **Injection of medication or other substance into tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** July 2016 **2021 Medicare Utilization:** 20,130

2023 Work RVU: 0.75
2023 NF PE RVU: 0.72
2023 Fac PE RVU: 0.58

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 180,998

2023 Work RVU: 0.32
2023 NF PE RVU: 0.23
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Decrease

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

2021 Medicare Utilization: 1,286

2023 Work RVU: 3.75

2023 NF PE RVU: 10.52

2023 Fac PE RVU: 5.61

RUC Recommendation: 3.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 229

2023 Work RVU: 2.03

2023 NF PE RVU: 7.27

2023 Fac PE RVU: 3.68

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 1,137

2023 Work RVU: 5.48

2023 NF PE RVU: 12.27

2023 Fac PE RVU: 6.71

RUC Recommendation: 5.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 18,613

2023 Work RVU: 5.93

2023 NF PE RVU: 12.18

2023 Fac PE RVU: 7.00

RUC Recommendation: 5.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 3,049

2023 Work RVU: 3.47

2023 NF PE RVU: 10.54

2023 Fac PE RVU: 5.45

RUC Recommendation: 3.47

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 66

2023 Work RVU: 2.03

2023 NF PE RVU: 6.99

2023 Fac PE RVU: 3.69

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 860

2023 Work RVU: 5.48
2023 NF PE RVU: 12.28
2023 Fac PE RVU: 6.72

RUC Recommendation: 5.48 **Referred to CPT** **Result:** Decrease
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 **2021 Medicare Utilization:** 9,083

2023 Work RVU: 5.93
2023 NF PE RVU: 12.96
2023 Fac PE RVU: 7.01

RUC Recommendation: 5.93 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

68040 **Expression of conjunctival follicles (eg, for trachoma)** **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2021 Medicare Utilization:** 6,286

2023 Work RVU: 0.85
2023 NF PE RVU: 0.94
2023 Fac PE RVU: 0.50

RUC Recommendation: Revised parenthetical **Referred to CPT** February 2013 **Result:** Maintain
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 **2021 Medicare Utilization:** 5,347

2023 Work RVU: 0.49
2023 NF PE RVU: 0.70
2023 Fac PE RVU: 0.47

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 22,177

2023 Work RVU: 0.82
2023 NF PE RVU: 2.00
2023 Fac PE RVU: 1.47

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2007 **2021 Medicare Utilization:** 21,662

2023 Work RVU: 1.54
2023 NF PE RVU: 3.13
2023 Fac PE RVU: 2.11

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2021 Medicare Utilization:** 349

2023 Work RVU: 1.74
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.09

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2021 Medicare Utilization:** 6,177

2023 Work RVU: 2.70
2023 NF PE RVU: 8.32
2023 Fac PE RVU: 3.62

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2021 Medicare Utilization:** 181

2023 Work RVU: 2.10
2023 NF PE RVU: 23.49
2023 Fac PE RVU: 2.35

RUC Recommendation: 2.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 28 **Specialty Developing Recommendation:** AAD

First Identified: October 2008 **2021 Medicare Utilization:** 159,540

2023 Work RVU: 0.81
2023 NF PE RVU: 1.99
2023 Fac PE RVU: 0.48

RUC Recommendation: 0.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 50,973

2023 Work RVU: 0.77
2023 NF PE RVU: 1.53
2023 Fac PE RVU: 0.53

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 1,423,836

2023 Work RVU: 0.61
2023 NF PE RVU: 0.73
2023 Fac PE RVU: 0.28

RUC Recommendation: 0.58. **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

69400 **Eustachian tube inflation, transnasal; with catheterization** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69401 **Eustachian tube inflation, transnasal; without catheterization** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:** 30,622

2023 Work RVU: 1.57
2023 NF PE RVU: 4.32
2023 Fac PE RVU: 2.19

RUC Recommendation: 1.57

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 23,490

2023 Work RVU: 2.06
2023 NF PE RVU: 4.54
2023 Fac PE RVU: 1.36

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

Result: Decrease

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 RUC Meeting: April 2010 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT Feburary 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2021 Medicare Utilization:** 3,904

2023 Work RVU: 17.73
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.35

RUC Recommendation: 17.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 RUC Meeting: January 2020 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: January 2019 **2021 Medicare Utilization:** 21,076

2023 Work RVU: 0.18
2023 NF PE RVU: 0.78
2023 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

70100 **Radiologic examination, mandible; partial, less than 4 views** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2021 Medicare Utilization:** 18,627

2023 Work RVU: 0.18
2023 NF PE RVU: 0.96
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70210 **Radiologic examination, sinuses, paranasal, less than 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2021 Medicare Utilization:** 14,260

2023 Work RVU: 0.17
2023 NF PE RVU: 0.78
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2021 Medicare Utilization:** 30,910

2023 Work RVU: 0.22
2023 NF PE RVU: 0.89
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.22

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 **2021 Medicare Utilization:** 40,209

2023 Work RVU: 0.18
2023 NF PE RVU: 0.88
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 8,116

2023 Work RVU: 0.28
2023 NF PE RVU: 1.04
2023 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 1,368

2023 Work RVU: 0.16
2023 NF PE RVU: 1.00
2023 Fac PE RVU: NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 38,451

2023 Work RVU: 0.18
2023 NF PE RVU: 0.75
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 980

2023 Work RVU: 0.84
2023 NF PE RVU: 2.36
2023 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published, addressed issues identified. **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: CPT Assistant article published. **Referred to CPT** **Result:** Deleted from 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

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2021 Medicare Utilization:** 4,982,473

2023 Work RVU: 0.85
2023 NF PE RVU: 2.39
2023 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Maintain

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

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2021 Medicare Utilization:** 20,993

2023 Work RVU: 1.13
2023 NF PE RVU: 3.39
2023 Fac PE RVU: NA

RUC Recommendation: 1.13 **Referred to CPT** **Result:** Maintain

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

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2021 Medicare Utilization:** 70,531

2023 Work RVU: 1.27
2023 NF PE RVU: 4.04
2023 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 48,924

2023 Work RVU: 1.28
2023 NF PE RVU: 3.56
2023 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 9,404

2023 Work RVU: 1.13
2023 NF PE RVU: 4.41
2023 Fac PE RVU: NA

RUC Recommendation: 1.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 4,372

2023 Work RVU: 1.27
2023 NF PE RVU: 5.20
2023 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 450,568

2023 Work RVU: 0.85
2023 NF PE RVU: 3.08
2023 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 27,136

2023 Work RVU: 1.13
2023 NF PE RVU: 3.52
2023 Fac PE RVU: NA

RUC Recommendation: 1.17 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 3,177

2023 Work RVU: 1.27
2023 NF PE RVU: 4.39
2023 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 58,481

2023 Work RVU: 1.28
2023 NF PE RVU: 3.30
2023 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 263,568

2023 Work RVU: 1.38
2023 NF PE RVU: 4.27
2023 Fac PE RVU: NA

RUC Recommendation: 1.38 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 21,431

2023 Work RVU: 1.62
2023 NF PE RVU: 5.18
2023 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Increase

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:** CT Angiography – Head & 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 **2021 Medicare Utilization:** 601,126

2023 Work RVU: 1.75
2023 NF PE RVU: 6.70
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundling solution. 1.75 **Referred to CPT** September 2023 **Result:** Maintain

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:** CT Angiography – Head & 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 **2021 Medicare Utilization:** 622,608

2023 Work RVU: 1.75
2023 NF PE RVU: 6.69
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundling solution. 1.75 **Referred to CPT** September 2023

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 9,546

2023 Work RVU: 1.35
2023 NF PE RVU: 5.64
2023 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 707

2023 Work RVU: 1.62
2023 NF PE RVU: 6.69
2023 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 61,935

2023 Work RVU: 2.15
2023 NF PE RVU: 8.32
2023 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 194,391

2023 Work RVU: 1.20
2023 NF PE RVU: 5.44
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan. 1.20 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 3,043

2023 Work RVU: 1.20
2023 NF PE RVU: 5.80
2023 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 18,663

2023 Work RVU: 1.48
2023 NF PE RVU: 8.69
2023 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / 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 **2021 Medicare Utilization:** 64,908

2023 Work RVU: 1.20
2023 NF PE RVU: 5.45
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan. 1.20 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 12,924

2023 Work RVU: 1.50
2023 NF PE RVU: 6.06
2023 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 42,928

2023 Work RVU: 1.80
2023 NF PE RVU: 8.85
2023 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2021 Medicare Utilization:** 1,069,458

2023 Work RVU: 1.48
2023 NF PE RVU: 4.53
2023 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 17,460

2023 Work RVU: 1.78
2023 NF PE RVU: 6.54
2023 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 944,689

2023 Work RVU: 2.29
2023 NF PE RVU: 7.51
2023 Fac PE RVU: NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 14,823,913

2023 Work RVU: 0.18
2023 NF PE RVU: 0.58
2023 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 6,063,799

2023 Work RVU: 0.22
2023 NF PE RVU: 0.77
2023 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 12,495

2023 Work RVU: 0.27
2023 NF PE RVU: 0.98
2023 Fac PE RVU: NA

RUC Recommendation: 0.27

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 7,750

2023 Work RVU: 0.31
2023 NF PE RVU: 1.06
2023 Fac PE RVU: NA

RUC Recommendation: 0.31

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: **Issue:** Insertion/Removal of Pacemeaker 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 132,073

2023 Work RVU: 0.22
2023 NF PE RVU: 0.87
2023 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 249,946

2023 Work RVU: 0.27
2023 NF PE RVU: 0.98
2023 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 20,626

2023 Work RVU: 0.29
2023 NF PE RVU: 1.01
2023 Fac PE RVU: NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 27,613

2023 Work RVU: 0.32
2023 NF PE RVU: 1.23
2023 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 2,145,188

2023 Work RVU: 1.08
2023 NF PE RVU: 2.98
2023 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 1,736,347

2023 Work RVU: 1.16
2023 NF PE RVU: 3.94
2023 Fac PE RVU: NA

RUC Recommendation: 1.38 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71270 **Computed tomography, thorax, 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 **2021 Medicare Utilization:** 56,503

2023 Work RVU: 1.25
2023 NF PE RVU: 4.78
2023 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 324,831

2023 Work RVU: 1.08
2023 NF PE RVU: 3.12
2023 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 1,478,442

2023 Work RVU: 1.82
2023 NF PE RVU: 6.79
2023 Fac PE RVU: NA

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2021 Medicare Utilization:** 110,300

2023 Work RVU: 0.16
2023 NF PE RVU: 0.56
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 558,600

2023 Work RVU: 0.22
2023 NF PE RVU: 0.95
2023 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Result:** Maintain

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 **2021 Medicare Utilization:** 326,846

2023 Work RVU: 0.27
2023 NF PE RVU: 1.31
2023 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2021 Medicare Utilization:** 63,518

2023 Work RVU: 0.30
2023 NF PE RVU: 1.54
2023 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2021 Medicare Utilization:** 270,070

2023 Work RVU: 0.20
2023 NF PE RVU: 0.77
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72072 **Radiologic examination, spine; thoracic, 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2021 Medicare Utilization:** 150,105

2023 Work RVU: 0.23
2023 NF PE RVU: 0.93
2023 Fac PE RVU: NA

RUC Recommendation: 0.23 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 10,986

2023 Work RVU: 0.25
2023 NF PE RVU: 1.06
2023 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 41,682

2023 Work RVU: 0.21
2023 NF PE RVU: 0.81
2023 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 1,583,990

2023 Work RVU: 0.22
2023 NF PE RVU: 0.96
2023 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2021 Medicare Utilization:** 742,086

2023 Work RVU: 0.26
2023 NF PE RVU: 1.26
2023 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **Result:** Decrease

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 **2021 Medicare Utilization:** 87,900

2023 Work RVU: 0.30
2023 NF PE RVU: 1.53
2023 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2021 Medicare Utilization:** 46,212

2023 Work RVU: 0.22
2023 NF PE RVU: 0.98
2023 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2021 Medicare Utilization:** 1,295,484

2023 Work RVU: 1.00
2023 NF PE RVU: 2.97
2023 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** 18,311

2023 Work RVU: 1.22
2023 NF PE RVU: 3.94
2023 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 1,728

2023 Work RVU: 1.27
2023 NF PE RVU: 4.78
2023 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 200,681

2023 Work RVU: 1.00
2023 NF PE RVU: 2.97
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 33,452

2023 Work RVU: 1.22
2023 NF PE RVU: 3.97
2023 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 1,316

2023 Work RVU: 1.27
2023 NF PE RVU: 4.84
2023 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 487,126

2023 Work RVU: 1.00
2023 NF PE RVU: 2.95
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 61,062

2023 Work RVU: 1.22
2023 NF PE RVU: 3.95
2023 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / 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 **2021 Medicare Utilization:** 3,692

2023 Work RVU: 1.27
2023 NF PE RVU: 4.80
2023 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2021 Medicare Utilization:** 544,579

2023 Work RVU: 1.48
2023 NF PE RVU: 4.36
2023 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2021 Medicare Utilization:** 2,811

2023 Work RVU: 1.78
2023 NF PE RVU: 6.71
2023 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2021 Medicare Utilization:** 212,578

2023 Work RVU: 1.48
2023 NF PE RVU: 4.36
2023 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2021 Medicare Utilization:** 2,629

2023 Work RVU: 1.78
2023 NF PE RVU: 6.64
2023 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2021 Medicare Utilization:** 1,251,695

2023 Work RVU: 1.48
2023 NF PE RVU: 4.38
2023 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 4,604

2023 Work RVU: 1.78
2023 NF PE RVU: 6.56
2023 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 111,923

2023 Work RVU: 2.29
2023 NF PE RVU: 7.56
2023 Fac PE RVU: NA

RUC Recommendation: 2.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 97,003

2023 Work RVU: 2.29
2023 NF PE RVU: 7.58
2023 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 216,368

2023 Work RVU: 2.29
2023 NF PE RVU: 7.54
2023 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 706,554

2023 Work RVU: 0.17
2023 NF PE RVU: 0.65
2023 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 54,865

2023 Work RVU: 0.25

2023 NF PE RVU: 1.00

2023 Fac PE RVU: NA

RUC Recommendation: 0.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 2,841

2023 Work RVU: 1.81

2023 NF PE RVU: 7.56

2023 Fac PE RVU: NA

RUC Recommendation: 1.81

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 171,942

2023 Work RVU: 1.09

2023 NF PE RVU: 2.97

2023 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 34,286

2023 Work RVU: 1.16
2023 NF PE RVU: 5.95
2023 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2021 Medicare Utilization:** 5,008

2023 Work RVU: 1.22
2023 NF PE RVU: 6.63
2023 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 80,763

2023 Work RVU: 1.46
2023 NF PE RVU: 5.61
2023 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)** **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 2,197

2023 Work RVU: 1.73
2023 NF PE RVU: 6.57
2023 Fac PE RVU: NA

RUC Recommendation: 1.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 249,299

2023 Work RVU: 2.20
2023 NF PE RVU: 8.22
2023 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 13,715

2023 Work RVU: 0.17
2023 NF PE RVU: 0.80
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 38,357

2023 Work RVU: 0.23
2023 NF PE RVU: 0.93
2023 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 100,892

2023 Work RVU: 0.17
2023 NF PE RVU: 0.79
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 356

2023 Work RVU: 0.91
2023 NF PE RVU: 2.46
2023 Fac PE RVU: NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2021 Medicare Utilization:** 90

2023 Work RVU: 0.91
2023 NF PE RVU: 2.59
2023 Fac PE RVU: NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 2,010

2023 Work RVU: 0.83
2023 NF PE RVU: 2.41
2023 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** October 2013 **Result:** Maintain

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 **2021 Medicare Utilization:** 361

2023 Work RVU: 1.33
2023 NF PE RVU: 3.53
2023 Fac PE RVU: NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain

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 **2021 Medicare Utilization:** 56,054

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** 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 **2021 Medicare Utilization:** 91,121

2023 Work RVU: 0.16
2023 NF PE RVU: 0.79
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 42,771

2023 Work RVU: 0.17
2023 NF PE RVU: 0.52
2023 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 99,142

2023 Work RVU: 0.15
2023 NF PE RVU: 0.48
2023 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 2,525,765

2023 Work RVU: 0.18
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 6,416

2023 Work RVU: 0.18
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 303,754

2023 Work RVU: 0.16
2023 NF PE RVU: 0.79
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 192,334

2023 Work RVU: 0.16
2023 NF PE RVU: 0.70
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 372,951

2023 Work RVU: 0.17
2023 NF PE RVU: 0.79
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2021 Medicare Utilization:** 209,495

2023 Work RVU: 0.16
2023 NF PE RVU: 0.70
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 229,151

2023 Work RVU: 0.16
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 986,576

2023 Work RVU: 0.17
2023 NF PE RVU: 1.04
2023 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 244,773

2023 Work RVU: 0.16
2023 NF PE RVU: 0.76
2023 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 1,230,447

2023 Work RVU: 0.17
2023 NF PE RVU: 0.92
2023 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 340,779

2023 Work RVU: 0.13
2023 NF PE RVU: 0.99
2023 Fac PE RVU: NA

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 127,767

2023 Work RVU: 1.00
2023 NF PE RVU: 3.98
2023 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 20,132

2023 Work RVU: 1.16
2023 NF PE RVU: 5.04
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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

2021 Medicare Utilization: 1,750

2023 Work RVU: 1.22
2023 NF PE RVU: 6.49
2023 Fac PE RVU: NA

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

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 **2021 Medicare Utilization:** 7,201

2023 Work RVU: 1.81
2023 NF PE RVU: 7.32
2023 Fac PE RVU: NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2021 Medicare Utilization:** 31,297

2023 Work RVU: 1.35
2023 NF PE RVU: 8.09
2023 Fac PE RVU: NA

RUC Recommendation: CPT Assistant published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Result: Maintain

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 **2021 Medicare Utilization:** 428,900

2023 Work RVU: 1.35
2023 NF PE RVU: 4.88
2023 Fac PE RVU: NA

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2021 Medicare Utilization:** 225,727

2023 Work RVU: 0.18
2023 NF PE RVU: 0.79
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Result:** Decrease

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 **2021 Medicare Utilization:** 2,397,096

2023 Work RVU: 0.22
2023 NF PE RVU: 1.17
2023 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

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 **2021 Medicare Utilization:** 47,178

2023 Work RVU: 0.27
2023 NF PE RVU: 1.49
2023 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 137,912

2023 Work RVU: 0.22
2023 NF PE RVU: 1.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

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 **2021 Medicare Utilization:** 171,162

2023 Work RVU: 0.29
2023 NF PE RVU: 1.30
2023 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Result:** Decrease

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 **2021 Medicare Utilization:** 102,864

2023 Work RVU: 0.31
2023 NF PE RVU: 1.52
2023 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 30,254

2023 Work RVU: 0.16
2023 NF PE RVU: 0.70
2023 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 505,931

2023 Work RVU: 0.18
2023 NF PE RVU: 0.87
2023 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 1,439,460

2023 Work RVU: 0.16
2023 NF PE RVU: 0.85
2023 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 2,216,138

2023 Work RVU: 0.18
2023 NF PE RVU: 1.02
2023 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73564 **Radiologic examination, knee; complete, 4 or more views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010

2021 Medicare Utilization: 1,633,314

2023 Work RVU: 0.22
2023 NF PE RVU: 1.16
2023 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73565 **Radiologic examination, knee; both knees, standing, anteroposterior**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013

2021 Medicare Utilization: 120,857

2023 Work RVU: 0.16
2023 NF PE RVU: 1.02
2023 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 16 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2021 Medicare Utilization: 17,808

2023 Work RVU: 0.59
2023 NF PE RVU: 3.18
2023 Fac PE RVU: NA

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Increase

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 **2021 Medicare Utilization:** 446,376

2023 Work RVU: 0.16
2023 NF PE RVU: 0.77
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2021 Medicare Utilization:** 205,057

2023 Work RVU: 0.16
2023 NF PE RVU: 0.80
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 1,141,900

2023 Work RVU: 0.17
2023 NF PE RVU: 0.92
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2021 Medicare Utilization:** 449,205

2023 Work RVU: 0.16
2023 NF PE RVU: 0.67
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 2,542,826

2023 Work RVU: 0.17
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 66,700

2023 Work RVU: 0.16
2023 NF PE RVU: 0.68
2023 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 98,154

2023 Work RVU: 0.13
2023 NF PE RVU: 0.73
2023 Fac PE RVU: NA

RUC Recommendation: 0.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 338,121

2023 Work RVU: 1.00
2023 NF PE RVU: 2.96
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 49,729

2023 Work RVU: 1.16
2023 NF PE RVU: 3.94
2023 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 4,736

2023 Work RVU: 1.22
2023 NF PE RVU: 4.77
2023 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 18,273

2023 Work RVU: 1.90
2023 NF PE RVU: 8.04
2023 Fac PE RVU: NA

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Result:** Remove from Screen

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 **2021 Medicare Utilization:** 130,744

2023 Work RVU: 1.35
2023 NF PE RVU: 5.56
2023 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 996

2023 Work RVU: 1.62
2023 NF PE RVU: 6.50
2023 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 59,489

2023 Work RVU: 2.15
2023 NF PE RVU: 8.28
2023 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2021 Medicare Utilization:** 597,704

2023 Work RVU: 1.35
2023 NF PE RVU: 4.87
2023 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74018 **Radiologic examination, abdomen; 1 view**

Global: 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 **2021 Medicare Utilization:** 1,943,803

2023 Work RVU: 0.18

2023 NF PE RVU: 0.70

2023 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

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 **2021 Medicare Utilization:** 301,854

2023 Work RVU: 0.23
2023 NF PE RVU: 0.86
2023 Fac PE RVU: NA

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 40,490

2023 Work RVU: 0.27
2023 NF PE RVU: 1.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease

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 **2021 Medicare Utilization:** 154,690

2023 Work RVU: 0.32
2023 NF PE RVU: 1.15
2023 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** February 2016 **Result:** Maintain

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

2021 Medicare Utilization: 62,048

2023 Work RVU: 1.19

2023 NF PE RVU: 2.98

2023 Fac PE RVU: NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 85,997

2023 Work RVU: 1.27

2023 NF PE RVU: 5.96

2023 Fac PE RVU: NA

RUC Recommendation: 0.42

Referred to CPT October 2009

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

2021 Medicare Utilization: 98,664

2023 Work RVU: 1.40

2023 NF PE RVU: 6.72

2023 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT October 2009

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: **2021 Medicare Utilization:** 326,502

2023 Work RVU: 2.20
2023 NF PE RVU: 9.50
2023 Fac PE RVU: NA

RUC Recommendation: 2.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 30,514

2023 Work RVU: 1.82
2023 NF PE RVU: 7.60
2023 Fac PE RVU: NA

RUC Recommendation: 1.82

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 1,996,910

2023 Work RVU: 1.74
2023 NF PE RVU: 3.82
2023 Fac PE RVU: NA

RUC Recommendation: 1.74

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 3,314,771

2023 Work RVU: 1.82
2023 NF PE RVU: 7.58
2023 Fac PE RVU: NA

RUC Recommendation: 1.82 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2021 Medicare Utilization:** 488,616

2023 Work RVU: 2.01
2023 NF PE RVU: 8.53
2023 Fac PE RVU: NA

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 104,564

2023 Work RVU: 1.46
2023 NF PE RVU: 4.57
2023 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 3,787

2023 Work RVU: 1.73
2023 NF PE RVU: 7.63
2023 Fac PE RVU: NA

RUC Recommendation: 1.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 381,929

2023 Work RVU: 2.20
2023 NF PE RVU: 8.26
2023 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 1,014

2023 Work RVU: 0.59
2023 NF PE RVU: 2.28
2023 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 101,875

2023 Work RVU: 0.60
2023 NF PE RVU: 2.34
2023 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 62,697

2023 Work RVU: 0.70
2023 NF PE RVU: 2.61
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 300,780

2023 Work RVU: 0.53
2023 NF PE RVU: 3.24
2023 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 69,897

2023 Work RVU: 0.80
2023 NF PE RVU: 2.89
2023 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** May 2018 **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 51,276

2023 Work RVU: 0.90
2023 NF PE RVU: 3.29
2023 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 16,404

2023 Work RVU: 0.70
2023 NF PE RVU: 1.76
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2019-EC **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

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 Gastroinetstinal 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 **2021 Medicare Utilization:** 44,087

2023 Work RVU: 0.81
2023 NF PE RVU: 2.86
2023 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** May 2018 **Result:** Increase

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 Gastroinetstinal 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 **2021 Medicare Utilization:** 351

2023 Work RVU: 1.17
2023 NF PE RVU: 9.99
2023 Fac PE RVU: NA

RUC Recommendation: 1.17 **Referred to CPT** May 2018 **Result:** Increase

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

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74270 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal 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

2021 Medicare Utilization: 21,188

2023 Work RVU: 1.04

2023 NF PE RVU: 3.58

2023 Fac PE RVU: NA

RUC Recommendation: 1.04

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 Gastroinetstinal 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

2021 Medicare Utilization: 5,661

2023 Work RVU: 1.26

2023 NF PE RVU: 5.38

2023 Fac PE RVU: NA

RUC Recommendation: 1.26

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 22,738

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 72

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 61,638

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 2,577

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 11,174

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 3,315

2023 Work RVU: 0.49
2023 NF PE RVU: 3.55
2023 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74420 **Urography, retrograde, with or without kub**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2021 Medicare Utilization:** 149,626

2023 Work RVU: 0.52
2023 NF PE RVU: 1.76
2023 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade, 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 **2021 Medicare Utilization:** 1,469

2023 Work RVU: 0.51
2023 NF PE RVU: 3.58
2023 Fac PE RVU: NA

RUC Recommendation: 0.51, editorially revised **Referred to CPT** September 2019 **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,316

2023 Work RVU: 0.83
2023 NF PE RVU: 2.70
2023 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 36,144

2023 Work RVU: 2.60
2023 NF PE RVU: 8.65
2023 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 **2021 Medicare Utilization:** 48,132

2023 Work RVU: 0.58
2023 NF PE RVU: 2.46
2023 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 37,654

2023 Work RVU: 1.75
2023 NF PE RVU: 5.16
2023 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

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 **2021 Medicare Utilization:** 110,974

2023 Work RVU: 2.40
2023 NF PE RVU: 7.38
2023 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

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 **2021 Medicare Utilization:** 77,919

2023 Work RVU: 1.44
2023 NF PE RVU: 2.14
2023 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 19,887

2023 Work RVU: 2.00
2023 NF PE RVU: 2.48
2023 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 105,000

2023 Work RVU: 2.40
2023 NF PE RVU: 10.17
2023 Fac PE RVU: NA

RUC Recommendation: 2.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2021 Medicare Utilization:** 132,977

2023 Work RVU: 1.75
2023 NF PE RVU: 2.51
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant and review after 2 years of data after publication available. 1.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2021

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 **2021 Medicare Utilization:** 57,043

2023 Work RVU: 1.97
2023 NF PE RVU: 2.67
2023 Fac PE RVU: NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75726 **Angiography, visceral, selective or supraselective (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 **2021 Medicare Utilization:** 38,496

2023 Work RVU: 2.05
2023 NF PE RVU: 2.89
2023 Fac PE RVU: NA

RUC Recommendation: 2.05 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 73,664

2023 Work RVU: 1.01
2023 NF PE RVU: 1.81
2023 Fac PE RVU: NA

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 21,725

2023 Work RVU: 1.05
2023 NF PE RVU: 2.13
2023 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 10,013

2023 Work RVU: 1.48
2023 NF PE RVU: 2.37
2023 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 276

2023 Work RVU: 1.44
2023 NF PE RVU: 2.53
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2021 Medicare Utilization:** 615

2023 Work RVU: 1.44
2023 NF PE RVU: 2.59
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, ACR, CNS **First Identified:** February 2010 **2021 Medicare Utilization:** 10,086

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT to create a code bundling solution. **Referred to CPT** September 2023 **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 February 2015 May 2015 **Result:** Deleted from CPT

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:** Intracranial Endovascular Intervention **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 **2021 Medicare Utilization:** 13,562

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundling solution **Referred to CPT** September 2023 February 2014 February 2015 **Result:** Contractor Price

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent **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 **2021 Medicare Utilization:** 19,778

2023 Work RVU: 0.83
2023 NF PE RVU: 2.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** RAW will assess Oct 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III**

Global: **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 102,019

2023 Work RVU: 0.30
2023 NF PE RVU: 0.95
2023 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 69,462

2023 Work RVU: 0.31
2023 NF PE RVU: 0.92
2023 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** **Result:** Increase
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 **2021 Medicare Utilization:** 6,850

2023 Work RVU: 0.58
2023 NF PE RVU: 2.07
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 1

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 2,793

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 279,233

2023 Work RVU: 0.20
2023 NF PE RVU: 0.50
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 172,788

2023 Work RVU: 0.79
2023 NF PE RVU: 1.43
2023 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76510 **Ophthalmic ultrasound, diagnostic; b-scan and quantitative a-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2021 Medicare Utilization:** 12,903

2023 Work RVU: 0.70
2023 NF PE RVU: 1.34
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

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:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2021 Medicare Utilization:** 3,771

2023 Work RVU: 0.64
2023 NF PE RVU: 1.04
2023 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease

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:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2021 Medicare Utilization:** 209,882

2023 Work RVU: 0.56
2023 NF PE RVU: 0.85
2023 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) b-scan or high resolution biomicroscopy, 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 **2021 Medicare Utilization:** 15,878

2023 Work RVU: 0.60
2023 NF PE RVU: 1.62
2023 Fac PE RVU: NA

RUC Recommendation: 0.60 and CPT Assistant article published **Referred to CPT** September 2019 **Result:** Decrease

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 **2021 Medicare Utilization:** 438,672

2023 Work RVU: 0.14
2023 NF PE RVU: 0.18
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76516 **Ophthalmic biometry by ultrasound echography, a-scan;** **Global:** XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2021 Medicare Utilization:** 2,273

2023 Work RVU: 0.40
2023 NF PE RVU: 0.97
2023 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, a-scan; with intraocular lens power calculation** **Global:** XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2021 Medicare Utilization:** 137,533

2023 Work RVU: 0.54
2023 NF PE RVU: 1.45
2023 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation** **Global:** XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2021 Medicare Utilization:** 874,305

2023 Work RVU: 0.56
2023 NF PE RVU: 2.74
2023 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 103,362

2023 Work RVU: 0.59
2023 NF PE RVU: 1.06
2023 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 685,993

2023 Work RVU: 0.73
2023 NF PE RVU: 2.33
2023 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase

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 **2021 Medicare Utilization:** 736,738

2023 Work RVU: 0.68
2023 NF PE RVU: 1.83
2023 Fac PE RVU: NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76700 **Ultrasound, abdominal, real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2021 Medicare Utilization:** 765,508

2023 Work RVU: 0.81
2023 NF PE RVU: 2.65
2023 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2021 Medicare Utilization:** 994,878

2023 Work RVU: 0.59
2023 NF PE RVU: 2.01
2023 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (aaa)** **Global:** XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2021 Medicare Utilization:** 140,849

2023 Work RVU: 0.55
2023 NF PE RVU: 2.61
2023 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2021 Medicare Utilization:** 1,216,019

2023 Work RVU: 0.74
2023 NF PE RVU: 2.48
2023 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 448,875

2023 Work RVU: 0.58
2023 NF PE RVU: 1.14
2023 Fac PE RVU: NA

RUC Recommendation: 0.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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:** **First Identified:** April 2013 **2021 Medicare Utilization:** 10,377

2023 Work RVU: 0.77
2023 NF PE RVU: 1.72
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 **2021 Medicare Utilization:** 386,332

2023 Work RVU: 0.69
2023 NF PE RVU: 2.87
2023 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 369,449

2023 Work RVU: 0.69
2023 NF PE RVU: 2.44
2023 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 190,635

2023 Work RVU: 0.50
2023 NF PE RVU: 0.93
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2021 Medicare Utilization:** 130,406

2023 Work RVU: 0.64
2023 NF PE RVU: 2.35
2023 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 197,470

2023 Work RVU: 0.69
2023 NF PE RVU: 5.30
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.69 **Referred to CPT** September 2023 **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 181,541

2023 Work RVU: 0.90
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.90 **Referred to CPT** June 2017 **Result:** Decrease

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 **2021 Medicare Utilization:** 279,657

2023 Work RVU: 0.69
2023 NF PE RVU: 0.52
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.69 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

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 **2021 Medicare Utilization:**

2023 Work RVU: 1.21
2023 NF PE RVU: 0.87
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 1.21 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 1,031

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: July 2013

2021 Medicare Utilization: 593

2023 Work RVU: 1.99
2023 NF PE RVU: 5.51
2023 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 642,405

2023 Work RVU: 0.30
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013

2021 Medicare Utilization: 1,199

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 1,121,629

2023 Work RVU: 0.67
2023 NF PE RVU: 1.02
2023 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2021 **Result:** Maintain

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 **2021 Medicare Utilization:** 8

2023 Work RVU: 0.67
2023 NF PE RVU: 1.72
2023 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,906

2023 Work RVU: 1.34
2023 NF PE RVU: 1.40
2023 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 948

2023 Work RVU: 1.62
2023 NF PE RVU: 5.96
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** **Result:**

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: 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 **2021 Medicare Utilization:** 74

2023 Work RVU: 0.85
2023 NF PE RVU: 4,12
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

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 **2021 Medicare Utilization:** 28,257

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** May 2022 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 269,997

2023 Work RVU: 0.38
2023 NF PE RVU: 2.59
2023 Fac PE RVU: NA

RUC Recommendation: 0.38 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** 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 **2021 Medicare Utilization:** 544,134

2023 Work RVU: 0.54
2023 NF PE RVU: 2.91
2023 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** 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 **2021 Medicare Utilization:** 27,200

2023 Work RVU: 0.60
2023 NF PE RVU: 2.53
2023 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:** 3,899

2023 Work RVU: 1.21
2023 NF PE RVU: 5.42
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** CMS-Other - Utilization over 100,000 / 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 2016 **2021 Medicare Utilization:** 137,969

2023 Work RVU: 1.50
2023 NF PE RVU: 2.63
2023 Fac PE RVU: NA

RUC Recommendation: Survey. Bundled 32405 and 77012. 1.50 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2021 Medicare Utilization:** 2,435,082

2023 Work RVU: 0.85
2023 NF PE RVU: 2.71
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 270

2023 Work RVU: 1.45
2023 NF PE RVU: 5.09
2023 Fac PE RVU: NA

RUC Recommendation: 1.45 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 3,146

2023 Work RVU: 1.60
2023 NF PE RVU: 5.17
2023 Fac PE RVU: NA

RUC Recommendation: 1.60 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 980

2023 Work RVU: 2.10
2023 NF PE RVU: 8.29
2023 Fac PE RVU: NA

RUC Recommendation: 2.10

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 99,387

2023 Work RVU: 2.30
2023 NF PE RVU: 8.30
2023 Fac PE RVU: NA

RUC Recommendation: 2.30

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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:

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 714,474

2023 Work RVU: 0.81
2023 NF PE RVU: 2.90
2023 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2021 Medicare Utilization:** 560,729

2023 Work RVU: 1.00
2023 NF PE RVU: 3.69
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2021 Medicare Utilization:** 5,691,064

2023 Work RVU: 0.76
2023 NF PE RVU: 3.04
2023 Fac PE RVU: NA

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77073 **Bone length studies (orthoroentgenogram, scanogram)**

Global: XXX **Issue:** 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 **2021 Medicare Utilization:** 57,264

2023 Work RVU: 0.26
2023 NF PE RVU: 1.06
2023 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 3,132

2023 Work RVU: 0.44
2023 NF PE RVU: 1.48
2023 Fac PE RVU: NA

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Decrease
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 **2021 Medicare Utilization:** 32,611

2023 Work RVU: 0.55
2023 NF PE RVU: 2.39
2023 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Increase
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 **2021 Medicare Utilization:** 19

2023 Work RVU: 0.70
2023 NF PE RVU: 2.47
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 35,153

2023 Work RVU: 0.33
2023 NF PE RVU: 1.05
2023 Fac PE RVU: NA

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2021 Medicare Utilization:** 2,615,040

2023 Work RVU: 0.20
2023 NF PE RVU: 0.92
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77081 **Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** 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 **2021 Medicare Utilization:** 52,608

2023 Work RVU: 0.20
2023 NF PE RVU: 0.72
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77085 **Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2021 Medicare Utilization:** 101,080

2023 Work RVU: 0.30
2023 NF PE RVU: 1.23
2023 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:** 1,954

2023 Work RVU: 0.17
2023 NF PE RVU: 0.80
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple** **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2021 Medicare Utilization:** 8,395

2023 Work RVU: 1.30
2023 NF PE RVU: 0.72
2023 Fac PE RVU: 0.72

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77262 **Therapeutic radiology treatment planning; intermediate** **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2021 Medicare Utilization:** 2,895

2023 Work RVU: 2.00
2023 NF PE RVU: 1.07
2023 Fac PE RVU: 1.07

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 283,609

2023 Work RVU: 3.14
2023 NF PE RVU: 1.63
2023 Fac PE RVU: 1.63

RUC Recommendation: 3.14

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 371,120

2023 Work RVU: 0.70
2023 NF PE RVU: 7.32
2023 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 4,932

2023 Work RVU: 1.05
2023 NF PE RVU: 12.10
2023 Fac PE RVU: NA

RUC Recommendation: 1.05

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 183,127

2023 Work RVU: 1.56
2023 NF PE RVU: 11.89
2023 Fac PE RVU: NA

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Result:** Maintain

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:** **2021 Medicare Utilization:** 32,996

2023 Work RVU: 2.00
2023 NF PE RVU: 10.24
2023 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2021 Medicare Utilization:** 121,922

2023 Work RVU: 4.29
2023 NF PE RVU: 9.75
2023 Fac PE RVU: NA

RUC Recommendation: 4.29 **Referred to CPT** October 2012, October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,190,989

2023 Work RVU: 0.62
2023 NF PE RVU: 1.30
2023 Fac PE RVU: NA

RUC Recommendation: 0.62 **Referred to CPT** February 2014, October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 155,356

2023 Work RVU: 7.99
2023 NF PE RVU: 46.30
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,211

2023 Work RVU: 1.40
2023 NF PE RVU: 2.93
2023 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2021 Medicare Utilization:** 30,833

2023 Work RVU: 2.90
2023 NF PE RVU: 5.48
2023 Fac PE RVU: NA

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 4,167

2023 Work RVU: 1.40
2023 NF PE RVU: 5.80
2023 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2021 Medicare Utilization:** 2,168

2023 Work RVU: 1.83
2023 NF PE RVU: 7.63
2023 Fac PE RVU: NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,713

2023 Work RVU: 2.90
2023 NF PE RVU: 10.53
2023 Fac PE RVU: NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 62,457

2023 Work RVU: 0.45
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)** **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2015 **2021 Medicare Utilization:** 10,502

2023 Work RVU: 0.75
2023 NF PE RVU: 3.32
2023 Fac PE RVU: NA

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 751,878

2023 Work RVU: 1.15
2023 NF PE RVU: 2.53
2023 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 363,375

2023 Work RVU: 0.00
2023 NF PE RVU: 2.50
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77338 **Multi-leaf collimator (mlc) device(s) for intensity modulated radiation therapy (imrt), design and construction per imrt plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 28 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2021 Medicare Utilization:** 173,297

2023 Work RVU: 4.29
2023 NF PE RVU: 9.31
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 109

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 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 **2021 Medicare Utilization:** 726

2023 Work RVU: 0.00
2023 NF PE RVU: 28.75
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2021 Medicare Utilization:** 36,453

2023 Work RVU: 0.00
2023 NF PE RVU: 29.84
2023 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

77385 **Intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77387 **Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 0.58 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: XXX **Issue:** Radiation Treatement Delivery (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 31 **Specialty Developing Recommendation:**

First Identified: October 2018 **2021 Medicare Utilization:** 237,180

2023 Work RVU: 0.00
2023 NF PE RVU: 1.22
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** May 2019 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery, >=1 mev; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 and Feburary 2014 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77407 **Radiation treatment delivery, >=1 mev; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 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:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 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:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77412 **Radiation treatment delivery, >=1 mev; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 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:**

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 - 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Deleted from 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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2021 Medicare Utilization:** 939,960

2023 Work RVU: 3.37
2023 NF PE RVU: 2.06
2023 Fac PE RVU: 2.06

RUC Recommendation: 3.45. Remove from high E/M screen. **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 40,892

2023 Work RVU: 11.87
2023 NF PE RVU: 6.31
2023 Fac PE RVU: 6.31

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 41 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015 **2021 Medicare Utilization:** 83,022

2023 Work RVU: 2.03
2023 NF PE RVU: 2.00
2023 Fac PE RVU: NA

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 153

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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 **2021 Medicare Utilization:** 10,249

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2021 Medicare Utilization:** 70,873

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2021 Medicare Utilization:** 12,383

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

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

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

2021 Medicare Utilization: 9,027

2023 Work RVU: 1.31
2023 NF PE RVU: 14.41
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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

2021 Medicare Utilization: 4,110

2023 Work RVU: 1.05
2023 NF PE RVU: 6.31
2023 Fac PE RVU: NA

RUC Recommendation: 1.05

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 6,054

2023 Work RVU: 1.40
2023 NF PE RVU: 9.34
2023 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 15,268

2023 Work RVU: 1.95
2023 NF PE RVU: 8.27
2023 Fac PE RVU: NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Result:** Decrease

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 **2021 Medicare Utilization:** 12,435

2023 Work RVU: 3.80
2023 NF PE RVU: 13.90
2023 Fac PE RVU: NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 3,720

2023 Work RVU: 5.40
2023 NF PE RVU: 20.96
2023 Fac PE RVU: NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77777 **Interstitial radiation source application; intermediate**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 3,532

2023 Work RVU: 8.78
2023 NF PE RVU: 17.94
2023 Fac PE RVU: NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT** **Global:** **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** **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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2021 Medicare Utilization:** 32

2023 Work RVU: 0.00
2023 NF PE RVU: 0.50
2023 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease
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:** **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: **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:** **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2021 Medicare Utilization:** 975

2023 Work RVU: 0.19
2023 NF PE RVU: 2.18
2023 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2021 Medicare Utilization:** 870

2023 Work RVU: 0.37
2023 NF PE RVU: 4.91
2023 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2021 Medicare Utilization:** 12,722

2023 Work RVU: 0.50
2023 NF PE RVU: 6.10
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2021 Medicare Utilization:** 9,919

2023 Work RVU: 0.80
2023 NF PE RVU: 7.31
2023 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 6,665

2023 Work RVU: 1.20
2023 NF PE RVU: 8.48
2023 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 11,357

2023 Work RVU: 1.60
2023 NF PE RVU: 10.49
2023 Fac PE RVU: NA

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2021 Medicare Utilization:** 51,132

2023 Work RVU: 0.74
2023 NF PE RVU: 8.25
2023 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2021 Medicare Utilization:** 44,564

2023 Work RVU: 0.90
2023 NF PE RVU: 11.18
2023 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 553

2023 Work RVU: 0.98
2023 NF PE RVU: 9.83
2023 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015 **Result:** Not Part of RAW

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 **2021 Medicare Utilization:** 275

2023 Work RVU: 1.08
2023 NF PE RVU: 11.21
2023 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015 **Result:** Not Part of RAW

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 **2021 Medicare Utilization:** 19,163

2023 Work RVU: 0.99
2023 NF PE RVU: 8.65
2023 Fac PE RVU: NA

RUC Recommendation: 0.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,626

2023 Work RVU: 0.62
2023 NF PE RVU: 5.65
2023 Fac PE RVU: NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2021 Medicare Utilization:** 772

2023 Work RVU: 0.83
2023 NF PE RVU: 6.81
2023 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2021 Medicare Utilization:** 224,828

2023 Work RVU: 0.86
2023 NF PE RVU: 7.31
2023 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 972

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 443

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 1.67 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 57,480

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 51

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 2.07 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 1,321

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 2.26 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 53,560

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 26,101

2023 Work RVU: 1.38
2023 NF PE RVU: 7.99
2023 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2021 Medicare Utilization:** 1,436,710

2023 Work RVU: 1.62
2023 NF PE RVU: 11.36
2023 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2021 Medicare Utilization:** 1,261

2023 Work RVU: 1.00
2023 NF PE RVU: 7.08
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2021 Medicare Utilization:** 6,679

2023 Work RVU: 1.34
2023 NF PE RVU: 10.69
2023 Fac PE RVU: NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 795

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 1.61 **Referred to CPT** **Result:** Increase

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:** **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: **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:** **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 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:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 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:**

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 **2021 Medicare Utilization:** 12,036

2023 Work RVU: 0.98
2023 NF PE RVU: 5.31
2023 Fac PE RVU: NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 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:**

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 **2021 Medicare Utilization:** 455

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 1.56 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 135,259

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** May 2018 **Result:** Increase

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 **2021 Medicare Utilization:** 248

2023 Work RVU: 0.49
2023 NF PE RVU: 4.73
2023 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Result:** Decrease

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 **2021 Medicare Utilization:** 80,607

2023 Work RVU: 0.74
2023 NF PE RVU: 5.80
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan. 0.74 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2021 Medicare Utilization:** 47,160

2023 Work RVU: 1.07
2023 NF PE RVU: 8.11
2023 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 2,480

2023 Work RVU: 0.75
2023 NF PE RVU: 4.80
2023 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease

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 **2021 Medicare Utilization:** 1,174

2023 Work RVU: 0.85
2023 NF PE RVU: 7.51
2023 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor, 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 **2021 Medicare Utilization:** 37,154

2023 Work RVU: 1.09
2023 NF PE RVU: 9.46
2023 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase

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

2021 Medicare Utilization: 592,418

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: Reaffirmed RUC recommendation

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 9,889

2023 Work RVU: 1.96
2023 NF PE RVU: 2.33
2023 Fac PE RVU: NA

RUC Recommendation: Article published Feb 2012

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

Result: Maintain

7X000

Global: **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

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: 0.60

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

7X001

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

7X002

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

7X003

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: 1.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 16,592

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 10,332

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.43
2023 NF PE RVU: 0.35
2023 Fac PE RVU: 0.20

RUC Recommendation: 0.50

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.91
2023 NF PE RVU: 0.62
2023 Fac PE RVU: 0.45

RUC Recommendation: 0.91

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 1.71
2023 NF PE RVU: 1.03
2023 Fac PE RVU: 0.85

RUC Recommendation: 1.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.80
2023 NF PE RVU: 0.43
2023 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 181,850

2023 Work RVU: 0.45
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.22

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 133,378

2023 Work RVU: 0.94
2023 NF PE RVU: 1.06
2023 Fac PE RVU: 0.43

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 34,629

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 47,598

2023 Work RVU: 0.56
2023 NF PE RVU: 1.47
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 2,306

2023 Work RVU: 0.37
2023 NF PE RVU: 1.69
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 192,453

2023 Work RVU: 0.44
2023 NF PE RVU: 1.51
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Result:** Maintain

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, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** September 2011 **2021 Medicare Utilization:** 761,461

2023 Work RVU: 0.56
2023 NF PE RVU: 1.41
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88120 **Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2021 Medicare Utilization:** 44,750

2023 Work RVU: 1.20
2023 NF PE RVU: 16.56
2023 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88121 **Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2021 Medicare Utilization:** 22,780

2023 Work RVU: 1.00
2023 NF PE RVU: 11.49
2023 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 46,295

2023 Work RVU: 0.26
2023 NF PE RVU: 0.41
2023 Fac PE RVU: 0.41

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 5,607

2023 Work RVU: 0.50
2023 NF PE RVU: 1.71
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2021 Medicare Utilization: 3,925

2023 Work RVU: 0.50
2023 NF PE RVU: 1.76
2023 Fac PE RVU: NA

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

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

2021 Medicare Utilization: 1,282

2023 Work RVU: 0.76
2023 NF PE RVU: 2.75
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

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

2021 Medicare Utilization: 104,898

2023 Work RVU: 0.00
2023 NF PE RVU: 2.20
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

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

2021 Medicare Utilization: 1,956,734

2023 Work RVU: 0.00
2023 NF PE RVU: 0.71
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

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

2021 Medicare Utilization: 40,982

2023 Work RVU: 0.74
2023 NF PE RVU: 0.26
2023 Fac PE RVU: 0.26

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 38,785

2023 Work RVU: 1.20
2023 NF PE RVU: 0.56
2023 Fac PE RVU: 0.56

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 235,162

2023 Work RVU: 1.70
2023 NF PE RVU: 0.68
2023 Fac PE RVU: 0.68

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 171,872

2023 Work RVU: 0.08
2023 NF PE RVU: 0.38
2023 Fac PE RVU: NA

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 60,721

2023 Work RVU: 0.13
2023 NF PE RVU: 0.83
2023 Fac PE RVU: NA

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2021 Medicare Utilization:** 810,872

2023 Work RVU: 0.22
2023 NF PE RVU: 1.03
2023 Fac PE RVU: NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 15,994,812

2023 Work RVU: 0.75
2023 NF PE RVU: 1.35
2023 Fac PE RVU: NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level v - surgical pathology, gross and microscopic examination adrenal, resection bone - biopsy/curettings bone fragment(s), pathologic fracture brain, biopsy brain/meninges, tumor resection breast, excision of lesion, requiring microscopic evaluation of surgical margins breast, mastectomy - partial/simple cervix, conization colon, segmental resection, other than for tumor extremity, amputation, non-traumatic eye, enucleation kidney, partial/total nephrectomy larynx, partial/total resection liver, biopsy - needle/wedge liver, partial resection lung, wedge biopsy lymph nodes, regional resection mediastinum, mass myocardium, biopsy odontogenic tumor ovary with or without tube, neoplastic pancreas, biopsy placenta, third trimester prostate, except radical resection salivary gland sentinel lymph node small intestine, resection, other than for tumor soft tissue mass (except lipoma) - biopsy/simple excision stomach - subtotal/total resection, other than for tumor testis, biopsy thymus, tumor thyroid, total/lobe ureter, resection urinary bladder, tur uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2021 Medicare Utilization:** 921,197

2023 Work RVU: 1.59
2023 NF PE RVU: 6.97
2023 Fac PE RVU: NA

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 135,868

2023 Work RVU: 2.80
2023 NF PE RVU: 10.15
2023 Fac PE RVU: NA

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 1,221,288

2023 Work RVU: 0.54
2023 NF PE RVU: 2.79
2023 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; group ii, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2021 Medicare Utilization:** 1,300,022

2023 Work RVU: 0.24
2023 NF PE RVU: 2.18
2023 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (list separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2021 Medicare Utilization:** 23,532

2023 Work RVU: 0.45
2023 NF PE RVU: 2.23
2023 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: **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:** **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; group iii, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2021 Medicare Utilization:** 13,606

2023 Work RVU: 0.53
2023 NF PE RVU: 3.48
2023 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2021 Medicare Utilization:** 167,407

2023 Work RVU: 1.63
2023 NF PE RVU: 1.16
2023 Fac PE RVU: 0.74

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2021 Medicare Utilization:** 33,552

2023 Work RVU: 1.83
2023 NF PE RVU: 1.53
2023 Fac PE RVU: NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 11,472

2023 Work RVU: 2.85
2023 NF PE RVU: 1.64
2023 Fac PE RVU: 0.95

RUC Recommendation: 2.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2021 Medicare Utilization:** 24,809

2023 Work RVU: 0.67
2023 NF PE RVU: 0.96
2023 Fac PE RVU: 0.33

RUC Recommendation: 0.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 363,762

2023 Work RVU: 1.19
2023 NF PE RVU: 1.81
2023 Fac PE RVU: NA

RUC Recommendation: 1.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 131,752

2023 Work RVU: 0.59
2023 NF PE RVU: 1.02
2023 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 62,814

2023 Work RVU: 1.20
2023 NF PE RVU: 1.53
2023 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 29,401

2023 Work RVU: 0.73
2023 NF PE RVU: 0.93
2023 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 3,228,472

2023 Work RVU: 0.56
2023 NF PE RVU: 2.00
2023 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 2,108,253

2023 Work RVU: 0.70
2023 NF PE RVU: 2.26
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2021 Medicare Utilization:** 146,075

2023 Work RVU: 0.77
2023 NF PE RVU: 4.22
2023 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2021 Medicare Utilization:** 57,304

2023 Work RVU: 0.74
2023 NF PE RVU: 3.77
2023 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2021 Medicare Utilization:** 16,007

2023 Work RVU: 1.51
2023 NF PE RVU: 12.49
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2021 Medicare Utilization:** 248,542

2023 Work RVU: 0.59
2023 NF PE RVU: 2.86
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2021 Medicare Utilization:** 23,286

2023 Work RVU: 2.80
2023 NF PE RVU: 4.08
2023 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2021 Medicare Utilization:** 597,559

2023 Work RVU: 0.85
2023 NF PE RVU: 2.65
2023 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 **2021 Medicare Utilization:** 155,453

2023 Work RVU: 0.95
2023 NF PE RVU: 2.55
2023 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 **2021 Medicare Utilization:** 34,725

2023 Work RVU: 0.70
2023 NF PE RVU: 3.35
2023 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 **2021 Medicare Utilization:** 55,276 **2023 Work RVU:** 0.88 **2023 NF PE RVU:** 4.47 **2023 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, fish), per specimen; each multiplex probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2021 Medicare Utilization:** 2,123 **2023 Work RVU:** 1.24 **2023 NF PE RVU:** 7.03 **2023 Fac PE RVU:** NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2021 Medicare Utilization:** 4,250 **2023 Work RVU:** 0.73 **2023 NF PE RVU:** 2.64 **2023 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2021 Medicare Utilization:** 17,611

2023 Work RVU: 0.88
2023 NF PE RVU: 3.33
2023 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2021 Medicare Utilization:** 5,541

2023 Work RVU: 0.58
2023 NF PE RVU: 1.46
2023 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2021 Medicare Utilization:** 137,899

2023 Work RVU: 0.93
2023 NF PE RVU: 8.09
2023 Fac PE RVU: NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2021 Medicare Utilization:** 140,599

2023 Work RVU: 1.40
2023 NF PE RVU: 10.38
2023 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Result:** Decrease

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 **2021 Medicare Utilization:** 47,358

2023 Work RVU: 0.53
2023 NF PE RVU: 5.44
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

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 **2021 Medicare Utilization:** 179

2023 Work RVU: 0.24
2023 NF PE RVU: 0.41
2023 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 27

2023 Work RVU: 0.18
2023 NF PE RVU: 0.11
2023 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:** 261,636

2023 Work RVU: 0.17
2023 NF PE RVU: 0.42
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 19,058

2023 Work RVU: 0.15
2023 NF PE RVU: 0.27
2023 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.17
2023 NF PE RVU: 0.31
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.15
2023 NF PE RVU: 0.19
2023 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain
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: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 346,678

2023 Work RVU: 0.33
2023 NF PE RVU: 0.10
2023 Fac PE RVU: 0.05

RUC Recommendation: Refer to CPT Review in 3 years (Sept 2023). 0.33 **Referred to CPT** October 2020 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 712,884

2023 Work RVU: 3.84
2023 NF PE RVU: 1.22
2023 Fac PE RVU: 0.51

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 514,485

2023 Work RVU: 4.16
2023 NF PE RVU: 1.46
2023 Fac PE RVU: 0.74

RUC Recommendation: 3.25 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 2,184,946

2023 Work RVU: 1.70
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.22

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 1,367,087

2023 Work RVU: 1.50
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.27

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 4,201,662

2023 Work RVU: 2.24
2023 NF PE RVU: 0.65
2023 Fac PE RVU: 0.30

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase

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 **2021 Medicare Utilization:** 454,175

2023 Work RVU: 1.90
2023 NF PE RVU: 0.62
2023 Fac PE RVU: 0.34

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 6,075,835

2023 Work RVU: 3.31
2023 NF PE RVU: 0.95
2023 Fac PE RVU: 0.43

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 95,661

2023 Work RVU: 2.50
2023 NF PE RVU: 0.83
2023 Fac PE RVU: 0.47

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 21,022

2023 Work RVU: 3.13
2023 NF PE RVU: 0.94
2023 Fac PE RVU: 0.46

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 8,005

2023 Work RVU: 1.50
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.27

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab:** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2021 Medicare Utilization:** 9,551

2023 Work RVU: 2.10
2023 NF PE RVU: 0.63
2023 Fac PE RVU: 0.31

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 24,871

2023 Work RVU: 2.40
2023 NF PE RVU: 0.35
2023 Fac PE RVU: 0.34

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 132,346

2023 Work RVU: 2.50
2023 NF PE RVU: 0.37
2023 Fac PE RVU: 0.36

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 458,295

2023 Work RVU: 0.59
2023 NF PE RVU: 0.18
2023 Fac PE RVU: 0.08

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.48
2023 NF PE RVU: 0.23
2023 Fac PE RVU: 0.19

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase
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 **2021 Medicare Utilization:** 224,895

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
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 **2021 Medicare Utilization:** 95,284

2023 Work RVU: 2.50
2023 NF PE RVU: 2.51
2023 Fac PE RVU: 0.51

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase
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: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 29,148

2023 Work RVU: 0.41
2023 NF PE RVU: 0.80
2023 Fac PE RVU: 0.14

RUC Recommendation: Action plan **Referred to CPT** **Result:**
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
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?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2021 Medicare Utilization:** 22,282

2023 Work RVU: 0.90
2023 NF PE RVU: 1.46
2023 Fac PE RVU: 0.32

RUC Recommendation: 0.90 **Referred to CPT** February 2019-EC **Result:** Increase
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?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: September 2018 **2021 Medicare Utilization:** 14,519

2023 Work RVU: 0.50
2023 NF PE RVU: 0.42
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.50

Referred to CPT February 2019-EC
Result: Increase
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 **2021 Medicare Utilization:** 796,339

2023 Work RVU: 1.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.53

RUC Recommendation: 1.48

Referred to CPT
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2021 Medicare Utilization:** 35,544

2023 Work RVU: 2.11
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.77

RUC Recommendation: 2.11

Referred to CPT
Result: Maintain
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

2021 Medicare Utilization: 146,794

2023 Work RVU: 1.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.86

RUC Recommendation: 1.56

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 11,765

2023 Work RVU: 2.52
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.91

RUC Recommendation: 2.52

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 38

2023 Work RVU: 23.92
2023 NF PE RVU: 9.10
2023 Fac PE RVU: 9.10

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 5

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 1

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 426

2023 Work RVU: 20.86
2023 NF PE RVU: 7.51
2023 Fac PE RVU: 7.51

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 93

2023 Work RVU: 10.32
2023 NF PE RVU: 4.43
2023 Fac PE RVU: 4.43

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 43

2023 Work RVU: 6.64
2023 NF PE RVU: 3.21
2023 Fac PE RVU: 3.21

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 1,361

2023 Work RVU: 15.46
2023 NF PE RVU: 6.27
2023 Fac PE RVU: 6.27

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 495

2023 Work RVU: 9.87
2023 NF PE RVU: 4.28
2023 Fac PE RVU: 4.28

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 279

2023 Work RVU: 6.19
2023 NF PE RVU: 3.01
2023 Fac PE RVU: 3.01

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 1,684,812

2023 Work RVU: 6.77
2023 NF PE RVU: 3.24
2023 Fac PE RVU: 3.24

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 561,187

2023 Work RVU: 5.52
2023 NF PE RVU: 2.80
2023 Fac PE RVU: 2.80
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 **2021 Medicare Utilization:** 167,843

2023 Work RVU: 3.57
2023 NF PE RVU: 2.17
2023 Fac PE RVU: 2.17
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 **2021 Medicare Utilization:** 182

2023 Work RVU: 12.09
2023 NF PE RVU: 5.06
2023 Fac PE RVU: 5.06
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 **2021 Medicare Utilization:** 810

2023 Work RVU: 10.25
2023 NF PE RVU: 4.46
2023 Fac PE RVU: 4.46

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 1,070

2023 Work RVU: 9.80
2023 NF PE RVU: 4.32
2023 Fac PE RVU: 4.32

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90966 **End-stage renal disease (esrd) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2021 Medicare Utilization:** 351,039

2023 Work RVU: 5.52
2023 NF PE RVU: 2.79
2023 Fac PE RVU: 2.79

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,122

2023 Work RVU: 1.10
2023 NF PE RVU: 11.10
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 45,759

2023 Work RVU: 2.24
2023 NF PE RVU: 20.01
2023 Fac PE RVU: NA

RUC Recommendation: 2.49 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2021 Medicare Utilization:** 145

2023 Work RVU: 0.90
2023 NF PE RVU: 25.84
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

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: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 9,237

2023 Work RVU: 0.97
2023 NF PE RVU: 14.30
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

91122 **Anorectal manometry**

Global: 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 18,277

2023 Work RVU: 1.77
2023 NF PE RVU: 6.33
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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:

2021 Medicare Utilization: 175

2023 Work RVU: 0.52
2023 NF PE RVU: 12.81
2023 Fac PE RVU: NA

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

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:** **2021 Medicare Utilization:** 51

2023 Work RVU: 0.66
2023 NF PE RVU: 13.37
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 27,946

2023 Work RVU: 0.71
2023 NF PE RVU: 0.49
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.71 **Referred to CPT** February 2021 May 2020-Tab 37 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.76
2023 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

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 **2021 Medicare Utilization:** 78,884

2023 Work RVU: 0.30
2023 NF PE RVU: 0.67
2023 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on goldmann perimeter, or semiquantitative, automated suprathreshold screening program, humphrey suprathreshold automatic diagnostic test, octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2021 Medicare Utilization:** 105,241

2023 Work RVU: 0.40
2023 NF PE RVU: 0.97
2023 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, octopus program g-1, 32 or 42, humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2021 Medicare Utilization:** 2,670,714

2023 Work RVU: 0.50
2023 NF PE RVU: 1.34
2023 Fac PE RVU: NA

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

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 **2021 Medicare Utilization:** 25,855

2023 Work RVU: 0.61
2023 NF PE RVU: 1.91
2023 Fac PE RVU: 0.32

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2021 Medicare Utilization:** 2,628,575

2023 Work RVU: 0.40
2023 NF PE RVU: 0.67
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing / 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 **2021 Medicare Utilization:** 7,384,135

2023 Work RVU: 0.45
2023 NF PE RVU: 0.73
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92135 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 1,571,536

2023 Work RVU: 0.54
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 461,255

2023 Work RVU: 0.40
2023 NF PE RVU: 0.31
2023 Fac PE RVU: 0.24

RUC Recommendation: 0.40 **Referred to CPT** February 2018 **Result:** Decrease

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 **2021 Medicare Utilization:** 715,800

2023 Work RVU: 0.26
2023 NF PE RVU: 0.19
2023 Fac PE RVU: 0.16

RUC Recommendation: 0.26 **Referred to CPT** February 2018 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 909

2023 Work RVU: 0.00
2023 NF PE RVU: 0.49
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan **Referred to CPT** **Result:**

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 4,636

2023 Work RVU: 0.32
2023 NF PE RVU: 0.53
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan **Referred to CPT** **Result:**

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 **2021 Medicare Utilization:** 337,073

2023 Work RVU: 0.75
2023 NF PE RVU: 3.32
2023 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 **2021 Medicare Utilization:** 8,086

2023 Work RVU: 0.80
2023 NF PE RVU: 4.80
2023 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 **2021 Medicare Utilization:** 33,308

2023 Work RVU: 0.95
2023 NF PE RVU: 6.72
2023 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 **2021 Medicare Utilization:** 3,321,369

2023 Work RVU: 0.40
2023 NF PE RVU: 0.69
2023 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92270 **Electro-oculography with interpretation and report** **Global:** XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2021 Medicare Utilization:** 1,521

2023 Work RVU: 0.81
2023 NF PE RVU: 2.41
2023 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

92273 **Electroretinography (erg), with interpretation and report; full field (ie, fferg, flash erg, ganzfeld erg)** **Global:** XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2021 Medicare Utilization:** 93,455

2023 Work RVU: 0.69
2023 NF PE RVU: 3.06
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan. 0.80 **Referred to CPT** **Result:** Decrease

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 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: September 2017 **2021 Medicare Utilization:** 4,761

2023 Work RVU: 0.61
2023 NF PE RVU: 2.02
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan. 0.72

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 20 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS

First Identified: October 2020 **2021 Medicare Utilization:** 40,706

2023 Work RVU: 0.00
2023 NF PE RVU: 1.37
2023 Fac PE RVU: NA

RUC Recommendation: 0.14. Review Technology

Referred to CPT May 2021
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2021 Medicare Utilization:** 390,304

2023 Work RVU: 0.05
2023 NF PE RVU: 0.62
2023 Fac PE RVU: NA

RUC Recommendation: 0.05 and new PE inputs **Referred to CPT** February 2010 **Result:** Decrease

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 **2021 Medicare Utilization:** 100,570

2023 Work RVU: 0.40
2023 NF PE RVU: 0.74
2023 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

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:** **2021 Medicare Utilization:** 4,600

2023 Work RVU: 0.40
2023 NF PE RVU: 3.89
2023 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

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

2021 Medicare Utilization: 224,957

2023 Work RVU: 0.18

2023 NF PE RVU: 0.68

2023 Fac PE RVU: 0.09

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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:

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2021 Medicare Utilization: 449,244

2023 Work RVU: 1.30

2023 NF PE RVU: 0.94

2023 Fac PE RVU: NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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:** **2021 Medicare Utilization:** 2,278

2023 Work RVU: 0.33
2023 NF PE RVU: 0.37
2023 Fac PE RVU: NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

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:** **2021 Medicare Utilization:** 218

2023 Work RVU: 2.24
2023 NF PE RVU: 1.66
2023 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Result:** Increase

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:** **2021 Medicare Utilization:** 3,754

2023 Work RVU: 1.92
2023 NF PE RVU: 1.32
2023 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2012 **Result:** Increase

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:** **2021 Medicare Utilization:** 24,897

2023 Work RVU: 3.84
2023 NF PE RVU: 2.85
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: Action Plan. 3.36 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2021 Medicare Utilization:** 17,456

2023 Work RVU: 1.92
2023 NF PE RVU: 1.28
2023 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 **2021 Medicare Utilization:** 165,185

2023 Work RVU: 1.34
2023 NF PE RVU: 1.15
2023 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 **2021 Medicare Utilization:** 56,804

2023 Work RVU: 0.60
2023 NF PE RVU: 0.58
2023 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2021 Medicare Utilization:** 5,808

2023 Work RVU: 0.30
2023 NF PE RVU: 0.35
2023 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase

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:** **2021 Medicare Utilization:** 72,645

2023 Work RVU: 1.50
2023 NF PE RVU: 1.69
2023 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 11,711

2023 Work RVU: 0.40
2023 NF PE RVU: 0.33
2023 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2021 Medicare Utilization:** 16,253

2023 Work RVU: 0.48
2023 NF PE RVU: 0.36
2023 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 2,578

2023 Work RVU: 0.27

2023 NF PE RVU: 0.24

2023 Fac PE RVU: NA

RUC Recommendation: 0.27

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 4,130

2023 Work RVU: 0.25

2023 NF PE RVU: 0.23

2023 Fac PE RVU: NA

RUC Recommendation: 0.25

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 35,961

2023 Work RVU: 0.29

2023 NF PE RVU: 3.47

2023 Fac PE RVU: NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 22,400

2023 Work RVU: 0.00
2023 NF PE RVU: 0.32
2023 Fac PE RVU: NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography 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 **2021 Medicare Utilization:** 32,836

2023 Work RVU: 0.67
2023 NF PE RVU: 0.71
2023 Fac PE RVU: NA

RUC Recommendation: 0.76

Referred to CPT September 2018 / February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 6,600

2023 Work RVU: 0.87
2023 NF PE RVU: 1.04
2023 Fac PE RVU: NA

RUC Recommendation: 0.96

Referred to CPT September 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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:** **2021 Medicare Utilization:** 190,130

2023 Work RVU: 0.35
2023 NF PE RVU: 0.30
2023 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2021 Medicare Utilization:** 1,145,427

2023 Work RVU: 0.60
2023 NF PE RVU: 0.48
2023 Fac PE RVU: 0.32

RUC Recommendation: 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis** **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2021 Medicare Utilization:**

2023 Work RVU: 0.17
2023 NF PE RVU: 0.10
2023 Fac PE RVU: 0.07

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92567 **Tympanometry (impedance testing)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2021 Medicare Utilization:** 840,849

2023 Work RVU: 0.20
2023 NF PE RVU: 0.28
2023 Fac PE RVU: 0.11

RUC Recommendation: 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

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 **2021 Medicare Utilization:** 3,376

2023 Work RVU: 0.29
2023 NF PE RVU: 0.15
2023 Fac PE RVU: 0.14

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:** 29,992

2023 Work RVU: 0.55
2023 NF PE RVU: 0.39
2023 Fac PE RVU: 0.29

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 9,643

2023 Work RVU: 1.00
2023 NF PE RVU: 2.34
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 43,146

2023 Work RVU: 0.35
2023 NF PE RVU: 0.28
2023 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Result:** Increase

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:** **2021 Medicare Utilization:** 81,054

2023 Work RVU: 0.55
2023 NF PE RVU: 0.44
2023 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2021 Medicare Utilization:** 2,051

2023 Work RVU: 1.26
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:**

2023 Work RVU: 1.75
2023 NF PE RVU: 0.85
2023 Fac PE RVU: 0.68

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase

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:** **2021 Medicare Utilization:**

2023 Work RVU: 1.40
2023 NF PE RVU: 0.88
2023 Fac PE RVU: 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

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:** **2021 Medicare Utilization:** 531

2023 Work RVU: 1.85
2023 NF PE RVU: 1.80
2023 Fac PE RVU: NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

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:** **2021 Medicare Utilization:** 347

2023 Work RVU: 0.70
2023 NF PE RVU: 0.73
2023 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:** **2021 Medicare Utilization:** 12,752

2023 Work RVU: 1.50
2023 NF PE RVU: 1.54
2023 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 **2021 Medicare Utilization:** 24,492

2023 Work RVU: 1.30
2023 NF PE RVU: 1.19
2023 Fac PE RVU: 0.74
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 **2021 Medicare Utilization:** 9,936

2023 Work RVU: 1.34
2023 NF PE RVU: 1.31
2023 Fac PE RVU: NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

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:** **2021 Medicare Utilization:**

2023 Work RVU: 0.65
2023 NF PE RVU: 0.26
2023 Fac PE RVU: 0.25

RUC Recommendation: 0.65 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2021 Medicare Utilization:** 1,006

2023 Work RVU: 1.50
2023 NF PE RVU: 1.08
2023 Fac PE RVU: 0.79

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 38

2023 Work RVU: 0.35
2023 NF PE RVU: 0.29
2023 Fac PE RVU: 0.19

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 8,388

2023 Work RVU: 1.15
2023 NF PE RVU: 0.84
2023 Fac PE RVU: 0.62

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 19,748

2023 Work RVU: 1.40
2023 NF PE RVU: 1.15
2023 Fac PE RVU: 0.77

RUC Recommendation: 1.40 **Referred to CPT** May 2018 **Result:** Decrease

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 **2021 Medicare Utilization:** 5,166

2023 Work RVU: 0.33
2023 NF PE RVU: 0.27
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2021 Medicare Utilization:** 18

2023 Work RVU: 1.76
2023 NF PE RVU: 1.47
2023 Fac PE RVU: 0.97

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.25
2023 NF PE RVU: 0.56
2023 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2019 **Result:** Decrease

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 **2021 Medicare Utilization:** 1,107

2023 Work RVU: 1.00
2023 NF PE RVU: 1.49
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2019 **Result:** Increase

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 **2021 Medicare Utilization:** 5,603

2023 Work RVU: 1.50
2023 NF PE RVU: 1.80
2023 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Increase

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 **2021 Medicare Utilization:** 22,364

2023 Work RVU: 1.05
2023 NF PE RVU: 1.41
2023 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** February 2019 **Result:** Increase

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 **2021 Medicare Utilization:** 20,592

2023 Work RVU: 9.85
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.38

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** 1,959

2023 Work RVU: 11.74
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.03

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** 207,572

2023 Work RVU: 10.96
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.76

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 4.44 **Referred to CPT** October 2011 **Result:** Decrease

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 **2021 Medicare Utilization:** 17,941

2023 Work RVU: 12.29
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.21

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 5.50 **Referred to CPT** October 2011 **Result:** Decrease

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 **2021 Medicare Utilization:** 14,099

2023 Work RVU: 10.95
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.75

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 33,927

2023 Work RVU: 12.31
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.23

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 8,050

2023 Work RVU: 12.31
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.22

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization:

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 191,225

2023 Work RVU: 2.00
2023 NF PE RVU: 2.45
2023 Fac PE RVU: 1.02

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 2,331

2023 Work RVU: 3.28
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.12

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve** **Global:** 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2021 Medicare Utilization:** 2,322

2023 Work RVU: 22.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.07

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 10,271,235

2023 Work RVU: 0.17
2023 NF PE RVU: 0.24
2023 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 416,453

2023 Work RVU: 0.00
2023 NF PE RVU: 0.18
2023 Fac PE RVU: NA

RUC Recommendation: 0.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2021 Medicare Utilization:** 16,114,629

2023 Work RVU: 0.17
2023 NF PE RVU: 0.06
2023 Fac PE RVU: 0.06

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:** 851,302

2023 Work RVU: 0.75

2023 NF PE RVU: 1.31

2023 Fac PE RVU: NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

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 **2021 Medicare Utilization:** 827,798

2023 Work RVU: 0.45
2023 NF PE RVU: 0.16
2023 Fac PE RVU: 0.16

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 78,787

2023 Work RVU: 0.00
2023 NF PE RVU: 1.05
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 988,540

2023 Work RVU: 0.30
2023 NF PE RVU: 0.10
2023 Fac PE RVU: 0.10

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Maintain

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

2021 Medicare Utilization: 124

2023 Work RVU: 0.75
2023 NF PE RVU: 2.83
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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

2021 Medicare Utilization: 80,784

2023 Work RVU: 0.15
2023 NF PE RVU: 0.21
2023 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 13,114

2023 Work RVU: 0.00
2023 NF PE RVU: 0.17
2023 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 310,510

2023 Work RVU: 0.15
2023 NF PE RVU: 0.04
2023 Fac PE RVU: 0.04

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 11,341

2023 Work RVU: 0.17
2023 NF PE RVU: 0.28
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

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?** No

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009

2021 Medicare Utilization: 192,428

2023 Work RVU: 0.39
2023 NF PE RVU: 1.75
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan. 0.52

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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?** No

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009

2021 Medicare Utilization: 77,725

2023 Work RVU: 0.00
2023 NF PE RVU: 0.54
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan. N/A no physician work

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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?** No

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 126,782

2023 Work RVU: 0.00
2023 NF PE RVU: 1.07
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan. N/A no physician work **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 248,956

2023 Work RVU: 0.39
2023 NF PE RVU: 0.14
2023 Fac PE RVU: 0.14

RUC Recommendation: Action Plan. 0.52 **Referred to CPT** Feburary 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ecg data storage (retrievable with query) with ecg triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2021 Medicare Utilization:** 222,551

2023 Work RVU: 0.48
2023 NF PE RVU: 0.23
2023 Fac PE RVU: 0.23

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2021 Medicare Utilization:** 320,448

2023 Work RVU: 0.00
2023 NF PE RVU: 24.97
2023 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93231 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93235 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023 **2021 Medicare Utilization:** 14,181

2023 Work RVU: 0.50
2023 NF PE RVU: 7.35
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 95,118

2023 Work RVU: 0.00
2023 NF PE RVU: 0.35
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 154,581

2023 Work RVU: 0.00
2023 NF PE RVU: 6.83
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 149,152

2023 Work RVU: 0.50
2023 NF PE RVU: 0.17
2023 Fac PE RVU: 0.17

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 6,809

2023 Work RVU: 0.55
2023 NF PE RVU: 7.72
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 103,167

2023 Work RVU: 0.00
2023 NF PE RVU: 0.35
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 258,614

2023 Work RVU: 0.00
2023 NF PE RVU: 7.18
2023 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2021 Medicare Utilization: 219,398

2023 Work RVU: 0.55
2023 NF PE RVU: 0.19
2023 Fac PE RVU: 0.19

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009

2021 Medicare Utilization: 10,933

2023 Work RVU: 0.52
2023 NF PE RVU: 4.77
2023 Fac PE RVU: NA

RUC Recommendation: 0.52

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 32,455

2023 Work RVU: 0.00
2023 NF PE RVU: 0.24
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 42,065

2023 Work RVU: 0.00
2023 NF PE RVU: 4.36
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 92,623

2023 Work RVU: 0.52
2023 NF PE RVU: 0.17
2023 Fac PE RVU: 0.17

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system 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 **2021 Medicare Utilization:** 111,766

2023 Work RVU: 0.65
2023 NF PE RVU: 1.35
2023 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 776,133

2023 Work RVU: 0.77
2023 NF PE RVU: 1.58
2023 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 66,325

2023 Work RVU: 0.85
2023 NF PE RVU: 1.64
2023 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 79,997

2023 Work RVU: 0.85
2023 NF PE RVU: 1.52
2023 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 158,873

2023 Work RVU: 1.15
2023 NF PE RVU: 1.75
2023 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 191,788

2023 Work RVU: 1.25
2023 NF PE RVU: 1.88
2023 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; 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 **2021 Medicare Utilization:** 35,450

2023 Work RVU: 0.52
2023 NF PE RVU: 1.27
2023 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, 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 **2021 Medicare Utilization:** 26,384

2023 Work RVU: 0.30
2023 NF PE RVU: 1.06
2023 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 13,517

2023 Work RVU: 0.45
2023 NF PE RVU: 1.13
2023 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, 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 **2021 Medicare Utilization:** 179,111

2023 Work RVU: 0.43
2023 NF PE RVU: 1.24
2023 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 69,223

2023 Work RVU: 0.75
2023 NF PE RVU: 1.38
2023 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular 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 **2021 Medicare Utilization:** 83,336

2023 Work RVU: 0.43
2023 NF PE RVU: 1.15
2023 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; 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 **2021 Medicare Utilization:** 58,066

2023 Work RVU: 0.37
2023 NF PE RVU: 1.10
2023 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 1,082

2023 Work RVU: 0.43
2023 NF PE RVU: 1.07
2023 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 20,156

2023 Work RVU: 0.31
2023 NF PE RVU: 1.03
2023 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, 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 **2021 Medicare Utilization:** 1,531,037

2023 Work RVU: 0.60
2023 NF PE RVU: 0.24
2023 Fac PE RVU: 0.24

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 704,136

2023 Work RVU: 0.74
2023 NF PE RVU: 0.30
2023 Fac PE RVU: 0.30

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2021 Medicare Utilization: 1,614,139

2023 Work RVU: 0.00
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs and Refer to CPT

Referred to CPT February 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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

2021 Medicare Utilization: 542,980

2023 Work RVU: 0.52
2023 NF PE RVU: 0.20
2023 Fac PE RVU: 0.20

RUC Recommendation: 0.52 and PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 957,280

2023 Work RVU: 0.52
2023 NF PE RVU: 0.21
2023 Fac PE RVU: 0.21

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography**

Global: XXX **Issue:** 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 **2021 Medicare Utilization:** 6,696,461

2023 Work RVU: 1.46
2023 NF PE RVU: 4.32
2023 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 23,830

2023 Work RVU: 0.92
2023 NF PE RVU: 3.11
2023 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 **2021 Medicare Utilization:** 490,174

2023 Work RVU: 0.53
2023 NF PE RVU: 2.37
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2021 Medicare Utilization:** 316,852

2023 Work RVU: 0.38
2023 NF PE RVU: 1.11
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); follow-up or limited study (list separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC

First Identified: October 2013

2021 Medicare Utilization: 271,170

2023 Work RVU: 0.15
2023 NF PE RVU: 0.59
2023 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 591,854

2023 Work RVU: 0.07
2023 NF PE RVU: 0.63
2023 Fac PE RVU: NA

RUC Recommendation: 0.07

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 73,875

2023 Work RVU: 1.46
2023 NF PE RVU: 4.02
2023 Fac PE RVU: NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93351 **Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2021 Medicare Utilization:** 188,627

2023 Work RVU: 1.75
2023 NF PE RVU: 5.08
2023 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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:** **2021 Medicare Utilization:** 42,360

2023 Work RVU: 2.47
2023 NF PE RVU: 23.06
2023 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2021 Medicare Utilization:** 3,145

2023 Work RVU: 4.50
2023 NF PE RVU: 21.66
2023 Fac PE RVU: NA

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 2,028

2023 Work RVU: 5.99
2023 NF PE RVU: 27.20
2023 Fac PE RVU: NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 106,945

2023 Work RVU: 4.54
2023 NF PE RVU: 21.70
2023 Fac PE RVU: NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 21,092

2023 Work RVU: 5.29
2023 NF PE RVU: 23.90
2023 Fac PE RVU: NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 20,308

2023 Work RVU: 5.90
2023 NF PE RVU: 26.71
2023 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 3,563

2023 Work RVU: 6.64
2023 NF PE RVU: 28.86
2023 Fac PE RVU: NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 415,368

2023 Work RVU: 5.60
2023 NF PE RVU: 24.48
2023 Fac PE RVU: NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 67,014

2023 Work RVU: 6.35
2023 NF PE RVU: 25.95
2023 Fac PE RVU: NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 79,581

2023 Work RVU: 7.10
2023 NF PE RVU: 28.77
2023 Fac PE RVU: NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 11,803

2023 Work RVU: 7.85
2023 NF PE RVU: 31.69
2023 Fac PE RVU: NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 7,044

2023 Work RVU: 3.73
2023 NF PE RVU: 1.56
2023 Fac PE RVU: 1.56

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 5,368

2023 Work RVU: 2.00
2023 NF PE RVU: 0.70
2023 Fac PE RVU: 0.70

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 1,274

2023 Work RVU: 1.80
2023 NF PE RVU: 4.62
2023 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93501 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 54,329

2023 Work RVU: 2.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 0.40

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93511 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

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 **2021 Medicare Utilization:** 12

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 3

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 146

2023 Work RVU: 1.00
2023 NF PE RVU: 0.35
2023 Fac PE RVU: 0.35

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** 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 **2021 Medicare Utilization:** 11

2023 Work RVU: 1.03
2023 NF PE RVU: 0.35
2023 Fac PE RVU: 0.35

RUC Recommendation: Review action plan **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 72

2023 Work RVU: 0.50
2023 NF PE RVU: 0.17
2023 Fac PE RVU: 0.17

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:** 303

2023 Work RVU: 0.50
2023 NF PE RVU: 0.18
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 20,363

2023 Work RVU: 0.70
2023 NF PE RVU: 0.24
2023 Fac PE RVU: 0.24

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for 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:** **2021 Medicare Utilization:** 1,197

2023 Work RVU: 0.88
2023 NF PE RVU: 0.31
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93571 **Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2021 Medicare Utilization:** 67,025

2023 Work RVU: 0.00
2023 NF PE RVU: NA
2023 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93572 **Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2021 Medicare Utilization:** 12,923

2023 Work RVU: 0.00
2023 NF PE RVU: NA
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** 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 **2021 Medicare Utilization:** 86,612

2023 Work RVU: 5.23
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.22

RUC Recommendation: 5.23 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, his bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2021 Medicare Utilization:** 6,937

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 11.57

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 25,997

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 38,723

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: Referral to CPT for parenthetical. 2.04

Referred to CPT May 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 9,237

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

Referred to CPT February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 27,745

2023 Work RVU: 15.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.37

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 7,824

2023 Work RVU: 18.10
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.65

RUC Recommendation: 18.10 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 40,338

2023 Work RVU: 5.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.35

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with 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 **2021 Medicare Utilization:** 61,319

2023 Work RVU: 17.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.23

RUC Recommendation: 17.00 **Referred to CPT** October 2020 **Result:** Decrease

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 **2021 Medicare Utilization:** 30,645

2023 Work RVU: 5.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.35

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 74,158

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: 2.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 1,383

2023 Work RVU: 0.00
2023 NF PE RVU: 0.42
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2021 Medicare Utilization:** 4,590

2023 Work RVU: 0.00
2023 NF PE RVU: 0.78
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT** **Global:** **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 84,303

2023 Work RVU: 0.75
2023 NF PE RVU: 0.63
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93792 **Patient/caregiver training for initiation of home international normalized ratio (inr) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the inr monitor, obtaining blood sample, instructions for reporting home inr test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: 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 **2021 Medicare Utilization:** 1,208

2023 Work RVU: 0.00
2023 NF PE RVU: 2.06
2023 Fac PE RVU: NA

RUC Recommendation: Review in 3 years. 0.00 PE Only **Referred to CPT** September 2016 **Result:** PE Only

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 **2021 Medicare Utilization:** 1,643,960

2023 Work RVU: 0.18
2023 NF PE RVU: 0.15
2023 Fac PE RVU: NA

RUC Recommendation: Review in 3 years. 0.18 **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 1,780,271

2023 Work RVU: 0.80
2023 NF PE RVU: 4.82
2023 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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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 **2021 Medicare Utilization:** 25,981

2023 Work RVU: 0.50
2023 NF PE RVU: 3.13
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93886 **Transcranial doppler study of the intracranial arteries; complete study** **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 88,929

2023 Work RVU: 0.91
2023 NF PE RVU: 7.10
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: Refer to CPT for code bundling solution **Referred to CPT** May 2023
Referred to CPT Asst ☐ **Published in CPT Asst:**

93888 **Transcranial doppler study of the intracranial arteries; limited study** **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 8,637

2023 Work RVU: 0.50
2023 NF PE RVU: 4.21
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.70 **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:** **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2021 Medicare Utilization:** 45,280

2023 Work RVU: 1.00
2023 NF PE RVU: 7.24
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT for code bundling solution. **Referred to CPT** May 2023
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93892 **Transcranial doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection**

Global: XXX **Issue:** **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2021 Medicare Utilization:** 47,422

2023 Work RVU: 1.15
2023 NF PE RVU: 8.29
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundling solution. **Referred to CPT** May 2023 **Result:**
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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2021 Medicare Utilization:** 600,988

2023 Work RVU: 0.25
2023 NF PE RVU: 2.15
2023 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Result:** Maintain
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 **2021 Medicare Utilization:** 349,633

2023 Work RVU: 0.45
2023 NF PE RVU: 3.31
2023 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2021 Medicare Utilization:** 44,407

2023 Work RVU: 0.50
2023 NF PE RVU: 4.12
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain

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 **2021 Medicare Utilization:** 610,883

2023 Work RVU: 0.80
2023 NF PE RVU: 6.30
2023 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2021 Medicare Utilization:** 230,525

2023 Work RVU: 0.50
2023 NF PE RVU: 3.72
2023 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2021 Medicare Utilization:** 20,894

2023 Work RVU: 0.80
2023 NF PE RVU: 4.95
2023 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 43,637

2023 Work RVU: 0.50
2023 NF PE RVU: 3.14
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2021 Medicare Utilization:** 1,534,961

2023 Work RVU: 0.70
2023 NF PE RVU: 4.85
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2021 Medicare Utilization:** 1,546,507

2023 Work RVU: 0.45
2023 NF PE RVU: 3.07
2023 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 203,708

2023 Work RVU: 1.16
2023 NF PE RVU: 6.68
2023 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2021 Medicare Utilization:** 153,116

2023 Work RVU: 0.80
2023 NF PE RVU: 3.89
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 249,599

2023 Work RVU: 0.80

2023 NF PE RVU: 4.47

2023 Fac PE RVU: NA

RUC Recommendation: 0.97

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 57,275

2023 Work RVU: 0.50

2023 NF PE RVU: 2.95

2023 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 19,354

2023 Work RVU: 0.80
2023 NF PE RVU: 6.48
2023 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 6,364

2023 Work RVU: 0.50
2023 NF PE RVU: 3.84
2023 Fac PE RVU: NA

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 106,664

2023 Work RVU: 0.50
2023 NF PE RVU: 3.79
2023 Fac PE RVU: NA

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 776,623

2023 Work RVU: 0.17
2023 NF PE RVU: 0.61
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2021 Medicare Utilization:** 201

2023 Work RVU: 0.52
2023 NF PE RVU: 1.09
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 56

2023 Work RVU: 0.00
2023 NF PE RVU: 0.91
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 6,642

2023 Work RVU: 0.52
2023 NF PE RVU: 0.18
2023 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** 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 **2021 Medicare Utilization:** 767,711

2023 Work RVU: 0.22
2023 NF PE RVU: 0.91
2023 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Decrease

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 **2021 Medicare Utilization:** 49,931

2023 Work RVU: 0.05
2023 NF PE RVU: 0.37
2023 Fac PE RVU: NA

RUC Recommendation: 0.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2021 Medicare Utilization:** 474

2023 Work RVU: 0.40
2023 NF PE RVU: 2.01
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94617 **Exercise test for bronchospasm, including pre- and post-spirometry 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 **2021 Medicare Utilization:** 9,576

2023 Work RVU: 0.70
2023 NF PE RVU: 1.87
2023 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**

Global: 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 **2021 Medicare Utilization:** 243,917

2023 Work RVU: 0.48
2023 NF PE RVU: 0.49
2023 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** February 2016 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 16,432

2023 Work RVU: 1.42
2023 NF PE RVU: 3.02
2023 Fac PE RVU: NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2021 Medicare Utilization:** 126,227

2023 Work RVU: 0.00
2023 NF PE RVU: 0.26
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 3,342

2023 Work RVU: 0.00
2023 NF PE RVU: 0.68
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:** 5,926

2023 Work RVU: 0.00
2023 NF PE RVU: 1.07
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs CPT Assistant article published **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 180

2023 Work RVU: 0.00
2023 NF PE RVU: 0.56
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 4,466

2023 Work RVU: 0.20
2023 NF PE RVU: 1.17
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2021 Medicare Utilization:** 572,303

2023 Work RVU: 0.26
2023 NF PE RVU: 1.33
2023 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 270,002

2023 Work RVU: 0.26
2023 NF PE RVU: 1.02
2023 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,406

2023 Work RVU: 0.26
2023 NF PE RVU: 0.90
2023 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2021 Medicare Utilization:** 917,478

2023 Work RVU: 0.19
2023 NF PE RVU: 1.48
2023 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 14,911

2023 Work RVU: 0.00
2023 NF PE RVU: 0.06
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 9,556

2023 Work RVU: 0.00
2023 NF PE RVU: 0.10
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 122,272

2023 Work RVU: 0.00
2023 NF PE RVU: 0.75
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 8,361,486

2023 Work RVU: 0.01
2023 NF PE RVU: 0.10
2023 Fac PE RVU: NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 76,958

2023 Work RVU: 0.00
2023 NF PE RVU: 0.55
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

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 Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2021 Medicare Utilization:** 25,904

2023 Work RVU: 0.07
2023 NF PE RVU: 0.18
2023 Fac PE RVU: 0.03

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 113,122

2023 Work RVU: 0.14
2023 NF PE RVU: 0.45
2023 Fac PE RVU: 0.06

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease

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 Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2021 Medicare Utilization:** 1,449,502

2023 Work RVU: 0.01
2023 NF PE RVU: 0.22
2023 Fac PE RVU: 0.01

RUC Recommendation: New PE Inputs. **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2021 Medicare Utilization:** 126,261

2023 Work RVU: 0.01
2023 NF PE RVU: 0.13
2023 Fac PE RVU: NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 820,003

2023 Work RVU: 0.00
2023 NF PE RVU: 0.29
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 2,467,399

2023 Work RVU: 0.00
2023 NF PE RVU: 0.34
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2021 Medicare Utilization:** 155,366

2023 Work RVU: 0.06
2023 NF PE RVU: 0.43
2023 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 18,727

2023 Work RVU: 0.06
2023 NF PE RVU: 2.53
2023 Fac PE RVU: 0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 6,638,389

2023 Work RVU: 0.06
2023 NF PE RVU: 0.38
2023 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: 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:** **2021 Medicare Utilization:** 14,677

2023 Work RVU: 0.00
2023 NF PE RVU: 1.78
2023 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2018

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 45,743

2023 Work RVU: 0.00
2023 NF PE RVU: 4.30
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** October 2015 & February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 440,819

2023 Work RVU: 0.70
2023 NF PE RVU: 0.28
2023 Fac PE RVU: 0.28

RUC Recommendation: 0.70. **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 14,757

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 749

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 257

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 128

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
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 **2021 Medicare Utilization:** 8,123

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,311

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 170

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 142

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,156

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 1,764

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 4,351

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 16,469

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 2,289

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 2,674

2023 Work RVU: 2.00
2023 NF PE RVU: 0.88
2023 Fac PE RVU: 0.85

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 31,495

2023 Work RVU: 2.50
2023 NF PE RVU: 1.28
2023 Fac PE RVU: 1.21

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 5,951

2023 Work RVU: 3.00
2023 NF PE RVU: 1.44
2023 Fac PE RVU: 1.38

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 129,650

2023 Work RVU: 3.86
2023 NF PE RVU: 1.98
2023 Fac PE RVU: 1.87

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 2,560

2023 Work RVU: 3.86
2023 NF PE RVU: 1.97
2023 Fac PE RVU: 1.85

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 1,997

2023 Work RVU: 4.70
2023 NF PE RVU: 2.38
2023 Fac PE RVU: 2.24

RUC Recommendation: 4.70 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 2,590

2023 Work RVU: 4.75
2023 NF PE RVU: 2.38
2023 Fac PE RVU: 2.24

RUC Recommendation: 4.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 4,054

2023 Work RVU: 6.00
2023 NF PE RVU: 2.98
2023 Fac PE RVU: 2.82

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 229

2023 Work RVU: 5.40
2023 NF PE RVU: 2.75
2023 Fac PE RVU: 2.57

RUC Recommendation: 5.40 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 624

2023 Work RVU: 7.58
2023 NF PE RVU: 3.82
2023 Fac PE RVU: 3.60

RUC Recommendation: 7.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 50,031

2023 Work RVU: 0.85
2023 NF PE RVU: 3.54
2023 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2021 Medicare Utilization:** 237

2023 Work RVU: 0.85
2023 NF PE RVU: 1.86
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** October 2009 **Result:** Decrease

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 **2021 Medicare Utilization:** 181

2023 Work RVU: 0.90
2023 NF PE RVU: 3.22
2023 Fac PE RVU: NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,910

2023 Work RVU: 1.20
2023 NF PE RVU: 11.14
2023 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 93,817

2023 Work RVU: 0.93
2023 NF PE RVU: 1.75
2023 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Result:** Decrease

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 **2021 Medicare Utilization:** 1,205

2023 Work RVU: 1.28
2023 NF PE RVU: 10.13
2023 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,007

2023 Work RVU: 1.74
2023 NF PE RVU: 14.49
2023 Fac PE RVU: NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2021 Medicare Utilization:** 179,842

2023 Work RVU: 2.50
2023 NF PE RVU: 15.41
2023 Fac PE RVU: NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2021 Medicare Utilization:** 195,976

2023 Work RVU: 2.60
2023 NF PE RVU: 16.12
2023 Fac PE RVU: NA

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Result:** Decrease

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 **2021 Medicare Utilization:** 21,275

2023 Work RVU: 1.08
2023 NF PE RVU: 9.16
2023 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 23,070

2023 Work RVU: 1.63
2023 NF PE RVU: 11.08
2023 Fac PE RVU: NA

RUC Recommendation: 1.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 236,062

2023 Work RVU: 1.08
2023 NF PE RVU: 10.28
2023 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 161,385

2023 Work RVU: 1.08
2023 NF PE RVU: 12.11
2023 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 23,857

2023 Work RVU: 1.08
2023 NF PE RVU: 11.27
2023 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 28,905

2023 Work RVU: 0.16
2023 NF PE RVU: 0.46
2023 Fac PE RVU: 0.06

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 2,639

2023 Work RVU: 0.96
2023 NF PE RVU: 2.34
2023 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 45,050

2023 Work RVU: 1.54
2023 NF PE RVU: 3.17
2023 Fac PE RVU: NA

RUC Recommendation: 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 135

2023 Work RVU: 1.87
2023 NF PE RVU: 4.26
2023 Fac PE RVU: NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,488

2023 Work RVU: 1.99
2023 NF PE RVU: 4.87
2023 Fac PE RVU: NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:** 1,320

2023 Work RVU: 0.79
2023 NF PE RVU: 2.36
2023 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 4,055

2023 Work RVU: 1.18
2023 NF PE RVU: 2.93
2023 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 450

2023 Work RVU: 0.37
2023 NF PE RVU: 2.47
2023 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 54,575

2023 Work RVU: 0.37
2023 NF PE RVU: 2.09
2023 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (list separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 125,139

2023 Work RVU: 0.35
2023 NF PE RVU: 1.49
2023 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 855,049

2023 Work RVU: 0.86
2023 NF PE RVU: 2.01
2023 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 14,550

2023 Work RVU: 0.71
2023 NF PE RVU: 1.75
2023 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 5,830

2023 Work RVU: 1.00
2023 NF PE RVU: 1.62
2023 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 48,008

2023 Work RVU: 1.25
2023 NF PE RVU: 2.02
2023 Fac PE RVU: NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 113,947

2023 Work RVU: 1.50
2023 NF PE RVU: 2.42
2023 Fac PE RVU: NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 133,327

2023 Work RVU: 2.00
2023 NF PE RVU: 3.13
2023 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 157,280

2023 Work RVU: 2.50
2023 NF PE RVU: 3.69
2023 Fac PE RVU: NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 69,190

2023 Work RVU: 3.00
2023 NF PE RVU: 4.23
2023 Fac PE RVU: NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 76,286

2023 Work RVU: 3.56
2023 NF PE RVU: 4.79
2023 Fac PE RVU: NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded r-r interval, valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2009 **2021 Medicare Utilization:** 47,812

2023 Work RVU: 0.90
2023 NF PE RVU: 1.66
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.90 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and r-r interval changes during valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** February 2008 **2021 Medicare Utilization:** 1,791

2023 Work RVU: 0.96
2023 NF PE RVU: 1.87
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.96 **Referred to CPT** February 2012 **Result:** Maintain

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: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2019 **2021 Medicare Utilization:** 94,672

2023 Work RVU: 0.90
2023 NF PE RVU: 2.73
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.90 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

Status Report: CMS Requests and Relativity Assessment Issues

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** **2021 Medicare Utilization:** 14,658

2023 Work RVU: 1.73
2023 NF PE RVU: 2.68
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 1.73 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

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 **2021 Medicare Utilization:** 5,126

2023 Work RVU: 0.54
2023 NF PE RVU: 4.70
2023 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2021 Medicare Utilization:** 4,812

2023 Work RVU: 0.54
2023 NF PE RVU: 4.04
2023 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 419

2023 Work RVU: 1.50
2023 NF PE RVU: 5.45
2023 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 **2021 Medicare Utilization:** 1,373

2023 Work RVU: 1.50
2023 NF PE RVU: 5.57
2023 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 **2021 Medicare Utilization:** 39,032

2023 Work RVU: 0.35
2023 NF PE RVU: 1.61
2023 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: **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: **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: **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 26,083

2023 Work RVU: 0.65

2023 NF PE RVU: 2.45

2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 95,684

2023 Work RVU: 0.86
2023 NF PE RVU: 9.94
2023 Fac PE RVU: NA

RUC Recommendation: 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2021 Medicare Utilization:** 45,557

2023 Work RVU: 2.25
2023 NF PE RVU: 13.92
2023 Fac PE RVU: NA

RUC Recommendation: 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2021 Medicare Utilization:** 26,130

2023 Work RVU: 0.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.60 **Referred to CPT** February 2012 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 2.00

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2021 Medicare Utilization:** 14,326

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2021 Medicare Utilization:** 461

2023 Work RVU: 2.45
2023 NF PE RVU: 9.43
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2021 Medicare Utilization:** 35,208

2023 Work RVU: 1.98
2023 NF PE RVU: 6.12
2023 Fac PE RVU: NA

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95970 **Electronic analysis of implanted neurostimulator pulse generator/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 **2021 Medicare Utilization:** 27,748

2023 Work RVU: 0.35
2023 NF PE RVU: 0.17
2023 Fac PE RVU: 0.16

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain

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 **2021 Medicare Utilization:** 18,280

2023 Work RVU: 0.78
2023 NF PE RVU: 0.57
2023 Fac PE RVU: 0.30

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95972 **Electronic analysis of implanted neurostimulator pulse generator/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 **2021 Medicare Utilization:** 39,855

2023 Work RVU: 0.80
2023 NF PE RVU: 0.78
2023 Fac PE RVU: 0.30

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 6,886

2023 Work RVU: 0.73
2023 NF PE RVU: 0.38
2023 Fac PE RVU: 0.35

RUC Recommendation: 0.95 **Referred to CPT** June 2017 **Result:** Maintain

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 **2021 Medicare Utilization:** 5,089

2023 Work RVU: 0.97
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.47

RUC Recommendation: 1.19 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

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 **2021 Medicare Utilization:** 416

2023 Work RVU: 0.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.36

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2021 Medicare Utilization:** 624

2023 Work RVU: 0.30
2023 NF PE RVU: 0.79
2023 Fac PE RVU: 0.17

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 982

2023 Work RVU: 0.65
2023 NF PE RVU: 0.98
2023 Fac PE RVU: 0.31

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 37,366

2023 Work RVU: 0.91
2023 NF PE RVU: 0.48
2023 Fac PE RVU: 0.45

RUC Recommendation: 1.25 **Referred to CPT** June 2017 **Result:** Maintain

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 **2021 Medicare Utilization:** 50,959

2023 Work RVU: 0.80
2023 NF PE RVU: 0.41
2023 Fac PE RVU: 0.40

RUC Recommendation: 1.00 **Referred to CPT** June 2017 **Result:** Maintain

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 **2021 Medicare Utilization:** 908

2023 Work RVU: 0.00
2023 NF PE RVU: 2.64
2023 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2021 Medicare Utilization:** 6,550

2023 Work RVU: 0.77
2023 NF PE RVU: 2.43
2023 Fac PE RVU: 0.32

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain

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 **2021 Medicare Utilization:** 115,801

2023 Work RVU: 0.75
2023 NF PE RVU: 0.50
2023 Fac PE RVU: 0.28

RUC Recommendation: Remove from Modifier -51 Exempt list. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** Psychological and Neuropsychological 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: **Issue:** Psychological and Neuropsychological 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuropsychological 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by boston diagnostic aphasia examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuropsychological 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 **2021 Medicare Utilization:** 3,401

2023 Work RVU: 1.75
2023 NF PE RVU: 1.05
2023 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological 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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.31
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: **Issue:** Psychological and Neuropsychological 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Neuropsychological 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 **2021 Medicare Utilization:** 4,750

2023 Work RVU: 2.56
2023 NF PE RVU: 1.04
2023 Fac PE RVU: 1.00

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

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 Neuropsychological 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 **2021 Medicare Utilization:** 627

2023 Work RVU: 1.16
2023 NF PE RVU: 0.55
2023 Fac PE RVU: 0.44

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease

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 Neuropsychological 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 **2021 Medicare Utilization:** 135,507

2023 Work RVU: 1.86
2023 NF PE RVU: 0.81
2023 Fac PE RVU: 0.43

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain

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 Neuropsychological 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
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 Neuropsychological 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
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 Neuropsychological 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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Neuropsychological 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 **2021 Medicare Utilization:** 36,763

2023 Work RVU: 1.71
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.23

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease

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 Neuropsychological 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 **2021 Medicare Utilization:** 5,434

2023 Work RVU: 1.70
2023 NF PE RVU: 1.29
2023 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [adhd] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological 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 **2021 Medicare Utilization:** 497,436

2023 Work RVU: 0.00
2023 NF PE RVU: 0.13
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 104,985

2023 Work RVU: 2.56
2023 NF PE RVU: 0.89
2023 Fac PE RVU: 0.55

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

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 **2021 Medicare Utilization:** 71,902

2023 Work RVU: 1.96
2023 NF PE RVU: 0.56
2023 Fac PE RVU: 0.26

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease

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 **2021 Medicare Utilization:** 204,387

2023 Work RVU: 2.56
2023 NF PE RVU: 1.18
2023 Fac PE RVU: 0.47

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

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 Neuropsychological 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 **2021 Medicare Utilization:** 332,219

2023 Work RVU: 1.96
2023 NF PE RVU: 0.92
2023 Fac PE RVU: 0.26

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease

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 Neuropsychological 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 **2021 Medicare Utilization:** 175,704

2023 Work RVU: 0.55
2023 NF PE RVU: 0.69
2023 Fac PE RVU: 0.12

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Result:** Decrease

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 Neuropsychological 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 **2021 Medicare Utilization:** 328,424

2023 Work RVU: 0.46
2023 NF PE RVU: 0.69
2023 Fac PE RVU: 0.06

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease

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 **2021 Medicare Utilization:** 182,454

2023 Work RVU: 0.00
2023 NF PE RVU: 1.00
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 344,259

2023 Work RVU: 0.00
2023 NF PE RVU: 1.03
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 8,281

2023 Work RVU: 0.00
2023 NF PE RVU: 0.06
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 18,966

2023 Work RVU: 2.10
2023 NF PE RVU: 0.65
2023 Fac PE RVU: 0.33

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 40,810

2023 Work RVU: 1.45
2023 NF PE RVU: 0.43
2023 Fac PE RVU: 0.20

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 36,634

2023 Work RVU: 0.50
2023 NF PE RVU: 0.15
2023 Fac PE RVU: 0.07

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 12,608

2023 Work RVU: 0.21
2023 NF PE RVU: 0.07
2023 Fac PE RVU: 0.04

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 34,107

2023 Work RVU: 0.10
2023 NF PE RVU: 0.03
2023 Fac PE RVU: 0.02

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 1,275

2023 Work RVU: 1.55
2023 NF PE RVU: 0.45
2023 Fac PE RVU: 0.20

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 1,123

2023 Work RVU: 0.55
2023 NF PE RVU: 0.16
2023 Fac PE RVU: 0.07

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:**

2023 Work RVU: 1.50
2023 NF PE RVU: 0.72
2023 Fac PE RVU: 0.58

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.54
2023 NF PE RVU: 0.26
2023 Fac PE RVU: 0.21

RUC Recommendation: 0.54

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.43
2023 NF PE RVU: 0.23
2023 Fac PE RVU: 0.17

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Not part of RAW

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.12
2023 NF PE RVU: 0.05
2023 Fac PE RVU: 0.05

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Not part of RAW

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 **2021 Medicare Utilization:** 219,605

2023 Work RVU: 0.17
2023 NF PE RVU: 0.79
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain

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 **2021 Medicare Utilization:** 358,259

2023 Work RVU: 0.09
2023 NF PE RVU: 0.28
2023 Fac PE RVU: NA

RUC Recommendation: 0.09 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 1,336,860

2023 Work RVU: 0.21
2023 NF PE RVU: 1.66
2023 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 553,392

2023 Work RVU: 0.18
2023 NF PE RVU: 0.42
2023 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,145,470

2023 Work RVU: 0.19
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2021 Medicare Utilization:** 128,693

2023 Work RVU: 0.17
2023 NF PE RVU: 0.41
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 7,870,685

2023 Work RVU: 0.17
2023 NF PE RVU: 0.24
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain

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 **2021 Medicare Utilization:** 232,764

2023 Work RVU: 0.18
2023 NF PE RVU: 0.91
2023 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 1,328,236

2023 Work RVU: 0.10
2023 NF PE RVU: 0.35
2023 Fac PE RVU: NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 53,537

2023 Work RVU: 0.17
2023 NF PE RVU: 0.37
2023 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 733,731

2023 Work RVU: 0.21
2023 NF PE RVU: 1.92
2023 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 387,086

2023 Work RVU: 0.19
2023 NF PE RVU: 0.80
2023 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 19,134

2023 Work RVU: 0.52
2023 NF PE RVU: 1.95
2023 Fac PE RVU: 0.30

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:** 730

2023 Work RVU: 0.80
2023 NF PE RVU: 3.06
2023 Fac PE RVU: 0.46

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 57,524

2023 Work RVU: 0.24
2023 NF PE RVU: 2.71
2023 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 136,948

2023 Work RVU: 0.20
2023 NF PE RVU: 1.41
2023 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:** 1,689,219

2023 Work RVU: 0.28
2023 NF PE RVU: 3.55
2023 Fac PE RVU: NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 766,295

2023 Work RVU: 0.19
2023 NF PE RVU: 0.63
2023 Fac PE RVU: NA

RUC Recommendation: 0.19 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 25,003

2023 Work RVU: 0.21
2023 NF PE RVU: 3.55
2023 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2021 Medicare Utilization:** 357,078

2023 Work RVU: 0.21
2023 NF PE RVU: 1.67
2023 Fac PE RVU: NA

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization: 50

2023 Work RVU: 2.12
2023 NF PE RVU: 20.28
2023 Fac PE RVU: 1.68

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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

2021 Medicare Utilization: 43,661

2023 Work RVU: 0.00
2023 NF PE RVU: 4.20
2023 Fac PE RVU: NA

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 31,439

2023 Work RVU: 0.48
2023 NF PE RVU: 6.40
2023 Fac PE RVU: NA

RUC Recommendation: 0.48

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 47,841

2023 Work RVU: 1.01
2023 NF PE RVU: 7.38
2023 Fac PE RVU: NA

RUC Recommendation: 1.01

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 312,471

2023 Work RVU: 0.00
2023 NF PE RVU: 3.51
2023 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2021 Medicare Utilization:** 88,673

2023 Work RVU: 1.15
2023 NF PE RVU: 3.48
2023 Fac PE RVU: 0.68

RUC Recommendation: 1.00

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA **First Identified:** February 2008 **2021 Medicare Utilization:** 25,424

2023 Work RVU: 1.30
2023 NF PE RVU: 3.77
2023 Fac PE RVU: 0.76

RUC Recommendation: 1.07 **Referred to CPT** February 2023 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA **First Identified:** October 2008 **2021 Medicare Utilization:** 14,024

2023 Work RVU: 2.10
2023 NF PE RVU: 4.79
2023 Fac PE RVU: 1.23

RUC Recommendation: 1.32 **Referred to CPT** February 2023 **Result:** Decrease

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 2

2023 Work RVU: 0.06
2023 NF PE RVU: 0.12
2023 Fac PE RVU: NA

RUC Recommendation: No specialty society interest **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97012 **Application of a modality to 1 or more areas; traction, mechanical**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2021 Medicare Utilization:** 460,216

2023 Work RVU: 0.25
2023 NF PE RVU: 0.17
2023 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2021 Medicare Utilization:**

2023 Work RVU: 0.18
2023 NF PE RVU: 0.18
2023 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

First Identified: February 2010

2021 Medicare Utilization: 896,158

2023 Work RVU: 0.18
2023 NF PE RVU: 0.16
2023 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2010

2021 Medicare Utilization: 144,507

2023 Work RVU: 0.06
2023 NF PE RVU: 0.10
2023 Fac PE RVU: NA

RUC Recommendation: 0.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

First Identified: April 2016

2021 Medicare Utilization: 139,020

2023 Work RVU: 0.17
2023 NF PE RVU: 0.33
2023 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2021 Medicare Utilization:** 770,126

2023 Work RVU: 0.25
2023 NF PE RVU: 0.17
2023 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2021 Medicare Utilization:** 38,829

2023 Work RVU: 0.26
2023 NF PE RVU: 0.32
2023 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2021 Medicare Utilization:** 6,823

2023 Work RVU: 0.21
2023 NF PE RVU: 0.21
2023 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2021 Medicare Utilization:** 1,485,156

2023 Work RVU: 0.21
2023 NF PE RVU: 0.21
2023 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 58,730,344

2023 Work RVU: 0.45
2023 NF PE RVU: 0.42
2023 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2021 Medicare Utilization:** 21,727,068

2023 Work RVU: 0.50
2023 NF PE RVU: 0.50
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2021 Medicare Utilization:** 1,526,923

2023 Work RVU: 0.48
2023 NF PE RVU: 0.61
2023 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 3,518,965

2023 Work RVU: 0.45
2023 NF PE RVU: 0.42
2023 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

First Identified: September 2011

2021 Medicare Utilization: 27,794,107

2023 Work RVU: 0.43
2023 NF PE RVU: 0.37
2023 Fac PE RVU: NA

RUC Recommendation: 0.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 1,525,578

2023 Work RVU: 0.29
2023 NF PE RVU: 0.23
2023 Fac PE RVU: NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

2021 Medicare Utilization: 1,457,142

2023 Work RVU: 1.54
2023 NF PE RVU: 1.42
2023 Fac PE RVU: NA

RUC Recommendation: 0.75

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: a history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; an evolving clinical presentation with changing characteristics; and clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 1,277,916

2023 Work RVU: 1.54
2023 NF PE RVU: 1.42
2023 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: a history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 272,930

2023 Work RVU: 1.54
2023 NF PE RVU: 1.42
2023 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain

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 **2021 Medicare Utilization:** 503,936

2023 Work RVU: 0.96
2023 NF PE RVU: 1.08
2023 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; an assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. patient presents with no comorbidities that affect occupational performance. modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 148,116

2023 Work RVU: 1.54
2023 NF PE RVU: 1.42
2023 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. patient may present with comorbidities that affect occupational performance. minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 119,073

2023 Work RVU: 1.54
2023 NF PE RVU: 1.42
2023 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. patient presents with comorbidities that affect occupational performance. significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 23,075

2023 Work RVU: 1.54
2023 NF PE RVU: 1.42
2023 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan of care; an update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and a revised plan of care. a formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 32,891

2023 Work RVU: 0.96
2023 NF PE RVU: 1.07
2023 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2021 Medicare Utilization:** 23,945,325

2023 Work RVU: 0.44
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2021 Medicare Utilization:** 41,438

2023 Work RVU: 0.48
2023 NF PE RVU: 1.41
2023 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (adl) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2021 Medicare Utilization:** 2,628,494

2023 Work RVU: 0.45
2023 NF PE RVU: 0.52
2023 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2021 Medicare Utilization:** 14,261

2023 Work RVU: 0.48
2023 NF PE RVU: 0.46
2023 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

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 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2021 Medicare Utilization:** 85,302

2023 Work RVU: 0.48
2023 NF PE RVU: 0.46
2023 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less** **Global:** 000 **Issue:** 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 **2021 Medicare Utilization:** 745,666

2023 Work RVU: 0.77
2023 NF PE RVU: 2.18
2023 Fac PE RVU: 0.22

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 143,440

2023 Work RVU: 0.50
2023 NF PE RVU: 0.78
2023 Fac PE RVU: 0.17

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2021 Medicare Utilization:** 45,050

2023 Work RVU: 0.55
2023 NF PE RVU: 0.71
2023 Fac PE RVU: 0.17

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2021 Medicare Utilization:** 16,957

2023 Work RVU: 0.60
2023 NF PE RVU: 0.91
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2021 Medicare Utilization:** 8,276

2023 Work RVU: 0.41
2023 NF PE RVU: 10.48
2023 Fac PE RVU: 0.17

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 1,476

2023 Work RVU: 0.46
2023 NF PE RVU: 10.44
2023 Fac PE RVU: 0.19

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 37,545

2023 Work RVU: 0.40
2023 NF PE RVU: 12.91
2023 Fac PE RVU: 0.12

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 3,154

2023 Work RVU: 0.62
2023 NF PE RVU: 0.51
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2021 Medicare Utilization:** 55,538

2023 Work RVU: 0.50
2023 NF PE RVU: 0.94
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2021 Medicare Utilization:** 4,165

2023 Work RVU: 0.50
2023 NF PE RVU: 0.74
2023 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes**

Global: 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 **2021 Medicare Utilization:** 39,975

2023 Work RVU: 0.48
2023 NF PE RVU: 1.10
2023 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2021 Medicare Utilization:** 195,588

2023 Work RVU: 0.53
2023 NF PE RVU: 0.55
2023 Fac PE RVU: 0.42

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 189,626

2023 Work RVU: 0.45
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.35

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 52,629

2023 Work RVU: 0.60
2023 NF PE RVU: 0.50
2023 Fac PE RVU: 0.27

RUC Recommendation: Flag for re-review. 0.61 **Referred to CPT** **Result:**

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 **2021 Medicare Utilization:** 61,711

2023 Work RVU: 0.50
2023 NF PE RVU: 0.32
2023 Fac PE RVU: 0.23

RUC Recommendation: Flag for re-review. 0.46 **Referred to CPT** **Result:**

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 **2021 Medicare Utilization:** 46,894

2023 Work RVU: 0.65
2023 NF PE RVU: 0.66
2023 Fac PE RVU: 0.30

RUC Recommendation: Flag for re-review. 0.74 **Referred to CPT** **Result:**

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 **2021 Medicare Utilization:** 55,554

2023 Work RVU: 0.55
2023 NF PE RVU: 0.51
2023 Fac PE RVU: 0.25

RUC Recommendation: Flag for re-review. 0.47 **Referred to CPT** **Result:**

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 **2021 Medicare Utilization:** 43,697

2023 Work RVU: 0.46
2023 NF PE RVU: 0.43
2023 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 84,547

2023 Work RVU: 0.71
2023 NF PE RVU: 0.58
2023 Fac PE RVU: 0.28

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 81,029

2023 Work RVU: 0.96
2023 NF PE RVU: 0.72
2023 Fac PE RVU: 0.35

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 84,113

2023 Work RVU: 1.21
2023 NF PE RVU: 0.84
2023 Fac PE RVU: 0.44

RUC Recommendation: 1.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 75,926

2023 Work RVU: 1.46
2023 NF PE RVU: 0.95
2023 Fac PE RVU: 0.52

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 4,519,636

2023 Work RVU: 0.46
2023 NF PE RVU: 0.35
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 12,786,088

2023 Work RVU: 0.71
2023 NF PE RVU: 0.46
2023 Fac PE RVU: 0.28

RUC Recommendation: 0.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 939,532

2023 Work RVU: 0.96
2023 NF PE RVU: 0.56
2023 Fac PE RVU: 0.38

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.46
2023 NF PE RVU: 0.28
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99150 **Deleted from CPT**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:** 4

2023 Work RVU: 0.50
2023 NF PE RVU: 1.26
2023 Fac PE RVU: 0.18

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 1,665,477

2023 Work RVU: 0.25

2023 NF PE RVU: 1.21

2023 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

2021 Medicare Utilization: 4

2023 Work RVU: 1.90

2023 NF PE RVU: NA

2023 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 **2021 Medicare Utilization:** 7,805

2023 Work RVU: 1.65
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.41

RUC Recommendation: 1.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.17
2023 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.13
2023 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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 2023 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2013 **2021 Medicare Utilization:** 316,560

2023 Work RVU: 2.11
2023 NF PE RVU: 0.77
2023 Fac PE RVU: 0.77

RUC Recommendation: Refer to CPT. 2.11 **Referred to CPT** September 2023 **Result:** Decrease

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 **2021 Medicare Utilization:** 53,497

2023 Work RVU: 0.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.06

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 286,892

2023 Work RVU: 0.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.21

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 1,962,566

2023 Work RVU: 1.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.35

RUC Recommendation: 1.42 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 4,022,787

2023 Work RVU: 2.74
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.57

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 9,200,375

2023 Work RVU: 4.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.79

RUC Recommendation: 3.80 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 319,221

2023 Work RVU: 1.80
2023 NF PE RVU: 0.75
2023 Fac PE RVU: 0.71

RUC Recommendation: 1.80 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 12,035

2023 Work RVU: 0.75
2023 NF PE RVU: 0.45
2023 Fac PE RVU: 0.45

RUC Recommendation: 0.75 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)**

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU: 1.73
2023 NF PE RVU: 1.16
2023 Fac PE RVU: 0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU: 1.73
2023 NF PE RVU: 1.16
2023 Fac PE RVU: 0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:** 7,814

2023 Work RVU: 0.00
2023 NF PE RVU: 0.55
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT February 2022 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2021 Medicare Utilization:** 5,743

2023 Work RVU: 0.00
2023 NF PE RVU: 0.25
2023 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** February 2022 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2021 **2021 Medicare Utilization:** 1

2023 Work RVU: 0.61
2023 NF PE RVU: 0.27
2023 Fac PE RVU: 0.24

RUC Recommendation: 0.61 **Referred to CPT** February 2021 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.81
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.31

RUC Recommendation: 0.81 **Referred to CPT** February 2021 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 929,385

2023 Work RVU: 0.61
2023 NF PE RVU: 0.79
2023 Fac PE RVU: 0.24

RUC Recommendation: Review action plan. **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 163,536

2023 Work RVU: 1.50
2023 NF PE RVU: 0.91
2023 Fac PE RVU: 0.63

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2018

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 10,740

2023 Work RVU: 1.88
2023 NF PE RVU: 2.45
2023 Fac PE RVU: 0.74

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 33,086

2023 Work RVU: 2.05
2023 NF PE RVU: 2.04
2023 Fac PE RVU: 0.82

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 20,625

2023 Work RVU: 0.82
2023 NF PE RVU: 0.83
2023 Fac PE RVU: 0.32

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2021 Medicare Utilization:** 625,395

2023 Work RVU: 2.78
2023 NF PE RVU: 3.10
2023 Fac PE RVU: 1.17

RUC Recommendation: Withdrawn **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2021 Medicare Utilization:** 613,997

2023 Work RVU: 3.79
2023 NF PE RVU: 4.17
2023 Fac PE RVU: 1.59

RUC Recommendation: Withdrawn **Referred to CPT** **Result:** Increase

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 **2021 Medicare Utilization:** 2,057,930

2023 Work RVU: 1.50
2023 NF PE RVU: 0.85
2023 Fac PE RVU: 0.63

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 62,186

2023 Work RVU: 1.40
2023 NF PE RVU: 0.62
2023 Fac PE RVU: 0.61

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

9X036

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: PE Inputs **Referred to CPT** September 2022 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

9X045

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

9X046

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

9X047

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

9X048

Global: **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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:**

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
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 **2021 Medicare Utilization:** 838,279

2023 Work RVU: 0.45
2023 NF PE RVU: 0.65
2023 Fac PE RVU: 0.30

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2021 Medicare Utilization:** 16,666

2023 Work RVU: 0.18
2023 NF PE RVU: 0.50
2023 Fac PE RVU: 0.07

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2021 Medicare Utilization:** 2,780

2023 Work RVU: 0.84
2023 NF PE RVU: 4.64
2023 Fac PE RVU: 0.70

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 257,961

2023 Work RVU: 3.26
2023 NF PE RVU: 6.51
2023 Fac PE RVU: 1.74
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 **2021 Medicare Utilization:** 155,271

2023 Work RVU: 0.90
2023 NF PE RVU: 0.68
2023 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 **2021 Medicare Utilization:** 36,224

2023 Work RVU: 0.25
2023 NF PE RVU: 0.20
2023 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 **2021 Medicare Utilization:** 173,331

2023 Work RVU: 3.26
2023 NF PE RVU: 6.51
2023 Fac PE RVU: 1.74

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease

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 **2021 Medicare Utilization:** 42,486

2023 Work RVU: 0.26
2023 NF PE RVU: 0.41
2023 Fac PE RVU: 0.41

RUC Recommendation: 0.42 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 1,094,310

2023 Work RVU: 0.17
2023 NF PE RVU: 0.52
2023 Fac PE RVU: 0.04

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

2021 Medicare Utilization: 2,482

2023 Work RVU: 0.26
2023 NF PE RVU: 0.41
2023 Fac PE RVU: 0.41

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 56,720

2023 Work RVU: 0.00
2023 NF PE RVU: 3.08
2023 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE Only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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

2021 Medicare Utilization: 34,363

2023 Work RVU: 0.31
2023 NF PE RVU: 3.35
2023 Fac PE RVU: 0.07

RUC Recommendation: New PE inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:** 709,965

2023 Work RVU: 0.45
2023 NF PE RVU: 0.74
2023 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician 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 **2021 Medicare Utilization:** 1,039,293

2023 Work RVU: 0.67
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician 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 **2021 Medicare Utilization:** 394,397

2023 Work RVU: 1.73
2023 NF PE RVU: 1.24
2023 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Result: Remove from Screen

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

2021 Medicare Utilization: 32,082

2023 Work RVU: 1.73
2023 NF PE RVU: 1.26
2023 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0202 **Screening mammography, 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

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2021 Medicare Utilization: 14,173

2023 Work RVU: 0.00

2023 NF PE RVU: 0.31

2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0238 **Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2021 Medicare Utilization: 28,603

2023 Work RVU: 0.00

2023 NF PE RVU: 0.30

2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 20,817

2023 Work RVU: 0.00
2023 NF PE RVU: 2.87
2023 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 1,046,142

2023 Work RVU: 0.00
2023 NF PE RVU: 2.00
2023 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:** 146,366

2023 Work RVU: 0.18
2023 NF PE RVU: 0.07
2023 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 157,400

2023 Work RVU: 0.61
2023 NF PE RVU: 0.87
2023 Fac PE RVU: 0.29

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain

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 **2021 Medicare Utilization:** 76,830

2023 Work RVU: 0.45
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.35

RUC Recommendation: Maintain/Remove from screen **Referred to CPT** **Result:** Maintain

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 2023 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2022 **2021 Medicare Utilization:** 139,997

2023 Work RVU: 0.00
2023 NF PE RVU: 5.06
2023 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. PE Inputs **Referred to CPT** September 2023 **Result:** PE Only

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

2021 Medicare Utilization: 899,600

2023 Work RVU: 0.60
2023 NF PE RVU: 0.94
2023 Fac PE RVU: NA

RUC Recommendation: Recommend CMS delete

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

First Identified: October 2010

2021 Medicare Utilization: 5,967,264

2023 Work RVU: 0.18
2023 NF PE RVU: 0.17
2023 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2021 Medicare Utilization: 48,793

2023 Work RVU: 0.52
2023 NF PE RVU: 0.28
2023 Fac PE RVU: 0.20

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2021. Recommend CMS delete. Cat I code created.

Referred to CPT May 2019 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT **Result:** Deleted from 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 **2021 Medicare Utilization:**

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018 **Result:** Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

G0396 **Alcohol and/or substance (other than tobacco) 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 **2021 Medicare Utilization:** 58,365

2023 Work RVU: 0.65
2023 NF PE RVU: 0.34
2023 Fac PE RVU: 0.24

RUC Recommendation: Refer to CPT **Referred to CPT** Time Uncertain **Result:**

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 **2021 Medicare Utilization:** 106,535

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA

RUC Recommendation: Requested CMS delete **Referred to CPT** **Result:** Deleted from 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 **2021 Medicare Utilization:** 501,570

2023 Work RVU: 2.60
2023 NF PE RVU: 2.14
2023 Fac PE RVU: 1.10

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0403 **Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2021 Medicare Utilization:** 111,713

2023 Work RVU: 0.17
2023 NF PE RVU: 0.24
2023 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 36,642

2023 Work RVU: 1.39
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.63

RUC Recommendation: Review in April 2025 or April 2029

Referred to CPT

Result:

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 **2021 Medicare Utilization:** 25,924

2023 Work RVU: 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.94

RUC Recommendation: Review in April 2025 or April 2029

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2021 Medicare Utilization:** 126,159

2023 Work RVU: 3.60
2023 NF PE RVU: 7.02
2023 Fac PE RVU: NA

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 31,047

2023 Work RVU: 1.81
2023 NF PE RVU: 1.67
2023 Fac PE RVU: 1.67

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2021 Medicare Utilization:** 40,257

2023 Work RVU: 1.81
2023 NF PE RVU: 1.67
2023 Fac PE RVU: 1.87

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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

2021 Medicare Utilization: 29,684

2023 Work RVU: 1.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.65

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Result:

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

2021 Medicare Utilization: 27,990

2023 Work RVU: 2.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.03

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Result:

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

2021 Medicare Utilization: 18,231

2023 Work RVU: 3.86
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.37

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Result:

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 818,777

2023 Work RVU: 2.60
2023 NF PE RVU: 2.13
2023 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 8,977,883

2023 Work RVU: 1.92
2023 NF PE RVU: 1.80
2023 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 10 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2021 Medicare Utilization:** 815,675

2023 Work RVU: 0.18
2023 NF PE RVU: 0.36
2023 Fac PE RVU: 0.08

RUC Recommendation: Continue Survey for September 2023 **Referred to CPT** **Result:** Maintain

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 10 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** September 2022 **2021 Medicare Utilization:** 2,218

2023 Work RVU: 0.45
2023 NF PE RVU: 0.27
2023 Fac PE RVU: 0.19

RUC Recommendation: Continue Survey for September 2023 **Referred to CPT** **Result:**

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?** No

Most Recent RUC Meeting: April 2023 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2021 Medicare Utilization:** 2,142,759

2023 Work RVU: 0.18
2023 NF PE RVU: 0.36
2023 Fac PE RVU: 0.08

RUC Recommendation: Continue Survey for September 2023 **Referred to CPT** **Result:** Maintain

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: April 2023 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** September 2022 **2021 Medicare Utilization:** 1,721

2023 Work RVU: 0.45
2023 NF PE RVU: 0.30
2023 Fac PE RVU: 0.18

RUC Recommendation: Continue Survey for September 2023 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

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: April 2023 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2017 **2021 Medicare Utilization:** 290,059

2023 Work RVU: 0.45
2023 NF PE RVU: 0.28
2023 Fac PE RVU: 0.19

RUC Recommendation: Continue Survey for September 2023 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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G0447 **Face-to-face behavioral counseling for obesity, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** April 2016 **2021 Medicare Utilization:** 289,558

2023 Work RVU: 0.45
2023 NF PE RVU: 0.27
2023 Fac PE RVU: 0.19

RUC Recommendation: Continue Survey for September 2023 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 166,431

2023 Work RVU: 0.93
2023 NF PE RVU: 0.51
2023 Fac PE RVU: NA

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2021 Medicare Utilization:** 373,272

2023 Work RVU: 0.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.30

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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:**

Result: Deleted from CPT

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 325,088

2023 Work RVU: 0.10
2023 NF PE RVU: 1.55
2023 Fac PE RVU: 0.04

RUC Recommendation: Maintain

Referred to CPT
Result: Remove from Screen

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 **2021 Medicare Utilization:** 94,929

2023 Work RVU: 0.87
2023 NF PE RVU: 0.90
2023 Fac PE RVU: 0.37

RUC Recommendation: Requested CMS Delete

Referred to CPT
Result: Request CMS Delete

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 **2021 Medicare Utilization:** 7

2023 Work RVU: 1.82
2023 NF PE RVU: 4.01
2023 Fac PE RVU: 0.93

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:** 2

2023 Work RVU: 2.10
2023 NF PE RVU: 4.36
2023 Fac PE RVU: 1.03

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

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 **2021 Medicare Utilization:**

2023 Work RVU: 3.55
2023 NF PE RVU: 7.78
2023 Fac PE RVU: 1.59

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 7,599

2023 Work RVU: 0.18
2023 NF PE RVU: 0.17
2023 Fac PE RVU: 0.08

RUC Recommendation: Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup.

Referred to CPT February 2023 **Result:** Request CMS Delete

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: April 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** April 2022 **2021 Medicare Utilization:** 198,513

2023 Work RVU: 0.25
2023 NF PE RVU: 0.15
2023 Fac PE RVU: 0.10

RUC Recommendation: Requested CMS delete. Refer to CPT to review by the CPT/RUC Telemedicine Office Visits Workgroup.

Referred to CPT February 2023 **Result:** Request CMS Delete

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 **2021 Medicare Utilization:** 1,090,278

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: PE Inputs

Referred to CPT **Result:** PE Only

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: April 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 4,725

2023 Work RVU: 0.50
2023 NF PE RVU: 0.25
2023 Fac PE RVU: 0.21

RUC Recommendation: Requested CMS Delete **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Request CMS Delete

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G6001 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** AADA, ASTRO **First Identified:** October 2020 **2021 Medicare Utilization:** 151,321

2023 Work RVU: 0.58
2023 NF PE RVU: 4.78
2023 Fac PE RVU: NA

RUC Recommendation: Review in 2 years **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2021 Medicare Utilization:** 968,239

2023 Work RVU: 0.39
2023 NF PE RVU: 1.81
2023 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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Status Report: CMS Requests and Relativity Assessment Issues

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:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2021 Medicare Utilization:** 306,208

2023 Work RVU: 0.00
2023 NF PE RVU: 7.01
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2021 Medicare Utilization:** 162,847

2023 Work RVU: 0.00
2023 NF PE RVU: 7.03
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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:** 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 **2021 Medicare Utilization:** 11,600

2023 Work RVU: 0.00
2023 NF PE RVU: 6.99
2023 Fac PE RVU: NA

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

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:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2021 Medicare Utilization:** 1,129,279

2023 Work RVU: 0.00
2023 NF PE RVU: 10.73
2023 Fac PE RVU: NA

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2021 Medicare Utilization:** 90,376

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00

RUC Recommendation: Removed from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:

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:**

Result: N/A

Status Report: CMS Requests and Relativity Assessment Issues

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 **2021 Medicare Utilization:** 1,217

2023 Work RVU: 0.26
2023 NF PE RVU: 0.41
2023 Fac PE RVU: 0.41

RUC Recommendation: 0.42 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2021 Medicare Utilization:** 463,178

2023 Work RVU: 0.37
2023 NF PE RVU: 0.90
2023 Fac PE RVU: 0.15

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

CPT	2023 Long Descriptor	Issue	Most Recent RUC Meeting Date	Tab	Next RUC Review	RUC or RAW to Review	Specialty Society to Survey	RUC Recommendation	Screen	First Identified - RUC Meeting Date	Global	2023 work RVU/ Base Unit	2023 Fac PE RVU	2023 Non-Fac PE RVU	2023 PLI RVU	2021 Medicare Util	Referred to CPT Asst	CPT Asst Status	CPT Asst Complete	Referred to CPT	Refer to CPT Background	CPT Meeting	CPT Ed Panel Tab	CPT Ed Panel Status Complete?	Complete	Result
00534	Anesthesia for transvenous i	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 2018	XXX	7	0.00	0.00	0.00	29379	FALSE			FALSE					TRUE	Remove from Screen
00537	Anesthesia for cardiac electr	Anesthesia for Cardiac Ele	October 2020	13			ASA	12	High Volume Growth4	October 2016	XXX	10	0.00	0.00	0.00	97493	FALSE			FALSE					TRUE	Increase
00560	Anesthesia for procedures o	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 2018	XXX	15	0.00	0.00	0.00	60260	FALSE			FALSE					TRUE	Remove from Screen
00731	Anesthesia for upper gastroi	Anesthesia for Intestinal I	January 2017	04			ASA	5 base units	CMS Request - Final Ru	September 2016	XXX	5	0.00	0.00	0.00	1082677	FALSE			FALSE		September 2016	12	yes	TRUE	Maintain
00732	Anesthesia for upper gastroi	Anesthesia for Intestinal I	January 2017	04			ASA	6 base units	CMS Request - Final Ru	September 2016	XXX	6	0.00	0.00	0.00	95856	FALSE			FALSE		September 2016	12	yes	TRUE	Increase
00740	Anesthesia for upper gastroi	Anesthesia for Intestinal I	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Ru	July 2015							FALSE			TRUE	In April 2016, an	September 2016	12	yes	TRUE	Deleted from CPT
00810	Anesthesia for lower intestir	Anesthesia for Intestinal I	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Ru	July 2015							FALSE			TRUE	In April 2016, an	September 2016	12	yes	TRUE	Deleted from CPT
00811	Anesthesia for lower intestir	Anesthesia for Intestinal I	April 2017	04			ASA	4 base units	CMS Request - Final Ru	September 2016	XXX	4	0.00	0.00	0.00	1059171	FALSE			FALSE		September 2016	12	yes	TRUE	Decrease
00812	Anesthesia for lower intestir	Anesthesia for Intestinal I	April 2017	04			ASA	3 base units	CMS Request - Final Ru	September 2016	XXX	3	0.00	0.00	0.00	500444	FALSE			FALSE		September 2016	12	yes	TRUE	Decrease
00813	Anesthesia for combined up	Anesthesia for Intestinal I	January 2017	04			ASA	5 base units	CMS Request - Final Ru	September 2016	XXX	5	0.00	0.00	0.00	507450	FALSE			FALSE		September 2016	12	yes	TRUE	Maintain
00918	Anesthesia for transurethral	Anesthesia for transureth	January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	5	0.00	0.00	0.00	100511	FALSE			FALSE					TRUE	Remove from Screen
01916	Anesthesia for diagnostic arteriography/venography		October 2020	23	September 2023	RAW		Review action plan	High Volume Growth6	October 2019	XXX	5	0.00	0.00	0.00	44007	FALSE			FALSE					FALSE	
01930	Anesthesia for therapeutic ir	Anesthesia for Interventic	February 2008	S			ASA	Remove from screen	High Volume Growth1	February 2008	XXX	5	0.00	0.00	0.00	14318	FALSE			FALSE					TRUE	Remove from Screen
01935	Anesthesia for percutaneous	Anesthesia Services for In	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	January 2021	XXX					21981	FALSE			FALSE		October 2020	15	complete	TRUE	Deleted from CPT
01936	Anesthesia for percutaneous	Anesthesia Services for In	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	October 2016	XXX					265058	FALSE			TRUE	This service was	October 2020	15	complete	TRUE	Deleted from CPT
01937	Anesthesia for percutaneous	Anesthesia Services for In	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4	0.00	0.00	0.00		FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01938	Anesthesia for percutaneous	Anesthesia Services for In	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4	0.00	0.00	0.00		FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01939	Anesthesia for percutaneous	Anesthesia Services for In	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4	0.00	0.00	0.00		FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01940	Anesthesia for percutaneous	Anesthesia Services for In	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4	0.00	0.00	0.00		FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01941	Anesthesia for percutaneous	Anesthesia Services for In	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5	0.00	0.00	0.00		FALSE			FALSE		October 2020	15	complete	TRUE	Increase
01942	Anesthesia for percutaneous	Anesthesia Services for In	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5	0.00	0.00	0.00		FALSE			FALSE		October 2020	15	complete	TRUE	Increase
10004	Fine needle aspiration biops	Fine Needle Aspiration	October 2017	04				0.80	CMS High Expenditure	June 2017	ZZZ	0.8	0.35	0.61	0.11	287	FALSE			FALSE					TRUE	Decrease
10005	Fine needle aspiration biops	Fine Needle Aspiration	January 2020	21				1.63	CMS High Expenditure	June 2017	XXX	1.46	0.55	2.44	0.17	128051	FALSE			FALSE					TRUE	Decrease
10006	Fine needle aspiration biops	Fine Needle Aspiration	October 2017	04				1.00	CMS High Expenditure	June 2017	ZZZ	1	0.38	0.69	0.10	30901	FALSE			FALSE					TRUE	Decrease
10007	Fine needle aspiration biops	Fine Needle Aspiration	October 2017	04				1.81	CMS High Expenditure	June 2017	XXX	1.81	0.62	6.90	0.19	429	FALSE			FALSE					TRUE	Decrease
10008	Fine needle aspiration biops	Fine Needle Aspiration	October 2017	04				1.18	CMS High Expenditure	June 2017	ZZZ	1.18	0.20	2.96	0.17	29	FALSE			FALSE					TRUE	Decrease
10009	Fine needle aspiration biops	Fine Needle Aspiration	October 2017	04				2.43	CMS High Expenditure	June 2017	XXX	2.26	0.74	10.59	0.22	2883	FALSE			FALSE					TRUE	Decrease
10010	Fine needle aspiration biops	Fine Needle Aspiration	October 2017	04				1.65	CMS High Expenditure	June 2017	ZZZ	1.65	0.28	5.32	0.19	53	FALSE			FALSE					TRUE	Decrease
10011	Fine needle aspiration biops	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure	June 2017	XXX	0	0.00	0.00	0.00	64	FALSE			FALSE					TRUE	Contractor Price
10012	Fine needle aspiration biops	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure	June 2017	ZZZ	0	0.00	0.00	0.00	34	FALSE			FALSE					TRUE	Contractor Price
10021	Fine needle aspiration biops	Fine Needle Aspiration	January 2020	21			AACE, ASE	1.20	CMS Request - Final Ru	July 2015	XXX	1.03	0.46	1.88	0.14	12848	FALSE			TRUE	The specialty soc	June 2017	06	yes	TRUE	Decrease
10022	Fine needle aspiration; with	Fine Needle Aspiration	October 2017	04			AACE, ASE	Deleted from CPT	CMS Fastest Growing /	October 2008							FALSE			TRUE	The specialty soc	June 2017	06	yes	TRUE	Deleted from CPT
10030	Image-guided fluid collectior	Drainage of Abscess	January 2013	04			ACR, SIR	3.00	Codes Reported Toget	January 2012	000	2.75	0.94	16.46	0.29	7984	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
10040	Acne surgery (eg, marsupiali	Acne Surgery	April 2016	13			AAD	0.91	Harvard Valued - Utiliz	October 2015	010	0.91	0.53	2.48	0.10	41148	FALSE			FALSE					TRUE	Decrease
10060	Incision and drainage of abs	Incision and Drainage of A	October 2010	07			APMA	1.50	Harvard Valued - Utiliz	February 2010	010	1.22	1.80	2.42	0.12	297751	FALSE			FALSE					TRUE	Increase
10061	Incision and drainage of abs	Incision and Drainage of A	January 2020	37			APMA	Maintain. 2.45	Harvard Valued - Utiliz	October 2009	010	2.45	2.72	3.62	0.30	105170	FALSE			FALSE					TRUE	Maintain
10120	Incision and removal of foreign body, subcutaneous tis		September 2011	12			APMA, AA	1.25	Harvard Valued - Utiliz	April 2011	010	1.22	1.75	3.15	0.17	38137	FALSE			FALSE					TRUE	Maintain
10180	Incision and drainage, complex, postoperative wound i		October 2013	18				Remove from re-reviev	RUC identified when re	January 2013	010	2.3	2.53	5.10	0.51	7788	FALSE			FALSE					TRUE	Maintain
11040	Deleted from CPT	Excision and Debridemen	September 2007	16			APMA, AP	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	Descriptor enabl	October 2009	15	Code Delete	TRUE	Deleted from CPT
11041	Deleted from CPT	Excision and Debridemen	September 2007	16			APMA, AP	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	Descriptor enabl	October 2009	15	Code Delete	TRUE	Deleted from CPT
11042	Debridement, subcutaneous	Excision and Debridemen	February 2010	04			APMA, AP	1.12	Site of Service Anomal	September 2007	000	1.01	0.64	2.73	0.12	1980217	FALSE			TRUE	Descriptor enabl	October 2009	15	Complete	TRUE	Increase
11043	Debridement, muscle and/o	Debridement	February 2010	04			APMA, AP	3.00	Site of Service Anomal	September 2007	000	2.7	1.45	3.83	0.40	552830	FALSE			TRUE	Descriptor enabl	October 2009	15	Complete	TRUE	Decrease
11044	Debridement, bone (include	Debridement	February 2010	04			APMA, AP	4.56	Site of Service Anomal	September 2007	000	4.1	1.92	4.51	0.65	114689	FALSE			TRUE	Descriptor enabl	October 2009	15	Complete	TRUE	Increase
11045	Debridement, subcutaneous	Excision and Debridemen	February 2010	04			ACS, APM	0.69	Site of Service Anomal	February 2010	ZZZ	0.5	0.17	0.61	0.08	599986	FALSE			FALSE					TRUE	Increase
11046	Debridement, muscle and/o	Debridement	September 2022	13	April 2024	RAW	ACS, APM	Review action plan. 1.2	Site of Service Anomal	February 2010	ZZZ	1.03	0.40	0.95	0.19	307724	FALSE			FALSE					FALSE	Decrease
11047	Debridement, bone (include	Debridement	January 2020	37			ACS, APM	2.00	Site of Service Anomal	February 2010	ZZZ	1.8	0.72	1.45	0.35	91066	FALSE			FALSE					TRUE	Increase
11055	Paring or cutting of benign h	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Re	November 2011	000	0.35	0.08	1.76	0.04	774459	FALSE			FALSE					TRUE	Maintain
11056	Paring or cutting of benign h	Trim Skin Lesions	January 2012	53			APMA	0.50	MPC List / CMS Reque	October 2010	000	0.5	0.11	1.93	0.04	1807522	FALSE			FALSE					TRUE	Decrease
11057	Paring or cutting of benign h	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Re	November 2011	000	0.65	0.15	2.00	0.04	312718	FALSE			FALSE					TRUE	Maintain
11100	Biopsy of skin, subcutaneous	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	MPC List / CMS High Ex	October 2010							FALSE			TRUE	Prior to the Janu	February 2017	65	yes	TRUE	Deleted from CPT
11101	Biopsy of skin, subcutaneous	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	Low Value Billed in Mu	October 2010							FALSE			TRUE	Prior to the Janu	February 2017	65	yes	TRUE	Deleted from CPT
11102	Tangential biopsy of skin (eg	Skin Biopsy	April 2017	05				0.66	CMS High Expenditure	February 2017	000	0.66	0.39	2.32	0.07	3163916	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11103	Tangential biopsy of skin (eg	Skin Biopsy	April 2017	05				0.38	CMS High Expenditure	February 2017	ZZZ	0.38	0.22	1.09	0.04	1387504	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11104	Punch biopsy of skin (includi	Skin Biopsy	April 2017	05				0.83	CMS High Expenditure	February 2017	000	0.83	0.46	2.85	0.10	330155	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11105	Punch biopsy of skin (includi	Skin Biopsy	April 2017	05				0.45	CMS High Expenditure	February 2017	ZZZ	0.45	0.25	1.27	0.06	88175	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11106	Incisional biopsy of skin (eg,	Skin Biopsy	April 2017	05				1.01	CMS High Expenditure	February 2017	000	1.01	0.54	3.55	0.12	33505	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11107	Incisional biopsy of skin (eg,	Skin Biopsy	April 2017	05				0.54	CMS High Expenditure	February 2017	ZZZ	0.54	0.30	1.54	0.07	6888	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11300	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	0.60	CMS High Expenditure	January 2012	000	0.6	0.34	2.38	0.07	90082	FALSE			FALSE					TRUE	Increase
11301	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	0.90	CMS High Expenditure	January 2012	000	0.9	0.52	2.67	0.10	189558	FALSE			FALSE					TRUE	Increase
11302	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	1.16	CMS High Expenditure	January 2012	000	1.05	0.61	2.97	0.11	101686	FALSE			FALSE					TRUE	Increase
11303	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	1.25	CMS High Expenditure	January 2012	000	1.25	0.71	3.19	0.14	16022	FALSE			FALSE					TRUE	Increase
11305	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	0.80	CMS High Expenditure	January 2012	000	0.8	0.24	2.31	0.07	89775	FALSE			FALSE					TRUE	Increase
11306	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	1.18	CMS High Expenditure	January 2012	000	0.96	0.40	2.64	0.10	96135	FALSE			FALSE					TRUE	Increase
11307	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	1.20	CMS High Expenditure	January 2012	000	1.2	0.54	2.87	0.12	52364	FALSE			FALSE					TRUE	Increase
11308	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	1.46	CMS High Expenditure	January 2012	000	1.46	0.49	2.83	0.12	16450	FALSE			FALSE					TRUE	Increase
11310	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	1.19	CMS High Expenditure	January 2012	000	0.8	0.46	2.61	0.10	58618	FALSE			FALSE					TRUE	Increase
11311	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	1.43	CMS High Expenditure	January 2012	000	1.1	0.64	2.90	0.12	87211	FALSE			FALSE					TRUE	Increase
11312	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	1.80	CMS High Expenditure	January 2012	000	1.3	0.76	3.24	0.17	39225	FALSE			FALSE					TRUE	Increase
11313	Shaving of epidermal or derr	Shaving of Epidermal or D	April 2012	38			AAD	2.00	CMS High Expenditure	January 2012	000	1.68	0.96	3.58	0.19	7132	FALSE			FALSE					TRUE	Increase
11719	Trimming of nondystrophic r	Debridement of Nail	January 2012	32			APMA	0.17	Low Value-High Volum	October 2010	000	0.17	0.04	0.24	0.01	648206	FALSE			FALSE					TRUE	Maintain
11720	Debridement of nail(s) by an	Debridement of Nail	September 2011	53			APMA	0.32 (Interim)	MPC List	Septemer 2011	000	0.32	0.07	0.62	0.04	1879999	FALSE			FALSE					TRUE	Maintain
11721	Debridement of nail(s) by an	Debridement of Nail	September 2011	53			APMA	0.54 (Interim)	MPC List	October 2010	000	0.54	0.12	0.74	0.04	5698272	FALSE			FALSE					TRUE	Maintain
11730	Avulsion of nail plate, partial	Removal of Nail Plate	January 2016	56			APMA	1.10	CMS High Expenditure	July 2015	000	1.05	0.44	2.30	0.10	326549	FALSE			FALSE					TRUE	Maintain
11750	Excision of nail and nail matr	Excision of Nail Bed - HCP	September 2014	26		RUC Review work a		1.99	010-Day Global Post-O	January 2014	010	1.58	1.29	3.07	0.12	167442	FALSE			FALSE					TRUE	Decrease
11752	Excision of nail and nail matr	Excision of Nail Bed - HCP	January 2015	28				Deleted from CPT	010-Day Global Post-O	January 2014							FALSE			TRUE	The American Pc	October 2015	09	Code Delete	TRUE	Deleted from CPT
11755	Biopsy of nail unit (eg, plate,	Biopsy of Nail	April 2017	41i			APMA	1.25	CMS 000-Day Global Ti	July 2016	000	1.25	0.44	2.32	0.10	52685	FALSE			FALSE					TRUE	Decrease
11900	Injection, intralesional; up tc	Skin Injection Services	April 2010	31			AAD	0.52	Harvard Valued - Utiliz	October 2009	000	0.52	0.31	1.13	0.06	253112	FALSE			FALSE					TRUE	Maintain
11901	Injection, intralesional; more	Skin Injection Services	April 2010	31			AAD	0.80	Harvard Valued - Utiliz	February 2010	000	0.8	0.47	1.21	0.08	69181	FALSE			FALSE					TRUE	Maintain
11980	Subcutaneous hormone pell	Drug Delivery Implant Prc	October 2018	05			AAOS, ACC	1.10	High Volume Growth2	April 2013	000	1.1	0.39	1.55	0.17	29305	FALSE			TRUE	In January 2018,	May 2018	10	Yes	TRUE	Decrease
11981	Insertion, drug-delivery impl	Drug Delivery Implant Prc	October 2018	05			AAOS, ACC	1.30	High Volume Growth1	June 2008	000	1.14	0.52	1.67	0.20	8284	FALSE			TRUE	In January 2018,	May 2018	10	Yes	TRUE	Decrease
11982	Removal, non-biodegradable	Drug Delivery Implant Prc	October 2018	05			AAOS, ACC	1.70	High Volume Growth1	February 2008	000	1.34	0.61	1.78	0.25	2738	FALSE			TRUE	In January 2018,	May 2018	10	Yes	TRUE	Decrease
11983	Removal with reinsertion, nc	Drug Delivery Implant Prc	October 2018	05			AAOS, ACC	2.10	High Volume Growth1	June 2008	000	1.91	0.83	2.01	0.34	1339	FALSE			FALSE					TRUE	Decrease
12001	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	0.84	Harvard Valued - Utiliz	October 2009	000	0.84	0.33	1.82	0.17	158450	FALSE			FALSE					TRUE	Decrease
12002	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	1.14	Harvard Valued - Utiliz	October 2009	000	1.14	0.39	2.06	0.22	129274	FALSE			FALSE					TRUE	Decrease
12004	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	1.44	Harvard Valued - Utiliz	April 2010	000	1.44	0.46	2.26	0.27	20365	FALSE			FALSE					TRUE	Decrease
12005	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	1.97	Harvard Valued - Utiliz	April 2010	000	1.97	0.47	2.97	0.37	5699	FALSE			FALSE					TRUE	Decrease
12006	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	2.39	Harvard Valued - Utiliz	April 2010	000	2.39	0.61	3.32	0.46	1055	FALSE			FALSE					TRUE	Decrease
12007	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	2.90	Harvard Valued - Utiliz	April 2010	000	2.9	0.84	3.49	0.56	333	FALSE			FALSE					TRUE	Decrease
12011	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	1.07	Harvard Valued - Utiliz	April 2010	000	1.07	0.37	2.11	0.20	80967	FALSE			FALSE					TRUE	Decrease
12013	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	1.22	Harvard Valued - Utiliz	April 2010	000	1.22	0.27	2.07	0.25	48082	FALSE			FALSE					TRUE	Decrease
12014	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32			ACEP, AAF	1.57	Harvard Valued - Utiliz	April 2010	000	1.57	0.35	2.43	0.30	6474	FALSE			FALSE					TRUE	Decrease

12015	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32	ACEP, AAF	1.98	Harvard Valued - Utiliz	April 2010	000	1.98	0.44	2.82	0.38	3170	FALSE			FALSE								TRUE	Decrease
12016	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32	ACEP, AAF	2.68	Harvard Valued - Utiliz	April 2010	000	2.68	0.61	3.41	0.51	443	FALSE			FALSE								TRUE	Decrease
12017	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32	ACEP, AAF	3.18	Harvard Valued - Utiliz	April 2010	000	3.18	0.73	NA	0.66	56	FALSE			FALSE								TRUE	Decrease
12018	Simple repair of superficial v	Repair of Superficial Wou	April 2010	32	ACEP, AAF	3.61	Harvard Valued - Utiliz	April 2010	000	3.61	0.80	NA	0.75	22	FALSE			FALSE								TRUE	Decrease
12031	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	2.00	Harvard Valued - Utiliz	February 2010	010	2	2.26	5.67	0.25	59863	FALSE			FALSE								TRUE	Decrease
12032	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	2.52	Harvard Valued - Utiliz	October 2009	010	2.52	2.83	6.32	0.29	310362	FALSE			FALSE								TRUE	Maintain
12034	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	2.97	Harvard Valued - Utiliz	February 2010	010	2.97	2.73	6.68	0.40	32053	FALSE			FALSE								TRUE	Maintain
12035	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	3.60	Harvard Valued - Utiliz	February 2010	010	3.5	3.04	7.57	0.64	5165	FALSE			FALSE								TRUE	Increase
12036	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	4.50	Harvard Valued - Utiliz	February 2010	010	4.23	3.31	7.92	0.84	1024	FALSE			FALSE								TRUE	Increase
12037	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	5.25	Harvard Valued - Utiliz	February 2010	010	5	3.73	8.54	1.01	488	FALSE			FALSE								TRUE	Increase
12041	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	2.10	Harvard Valued - Utiliz	February 2010	010	2.1	1.95	5.59	0.26	20276	FALSE			FALSE								TRUE	Decrease
12042	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	2.79	Harvard Valued - Utiliz	February 2010	010	2.79	2.70	6.21	0.31	61284	FALSE			FALSE								TRUE	Maintain
12044	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	3.19	Harvard Valued - Utiliz	February 2010	010	3.19	2.72	7.84	0.44	2990	FALSE			FALSE								TRUE	Maintain
12045	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	3.90	Harvard Valued - Utiliz	February 2010	010	3.75	3.77	8.06	0.67	329	FALSE			FALSE								TRUE	Increase
12046	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	4.60	Harvard Valued - Utiliz	February 2010	010	4.3	4.11	9.65	1.08	121	FALSE			FALSE								TRUE	Increase
12047	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	5.50	Harvard Valued - Utiliz	February 2010	010	4.95	4.35	10.27	1.25	35	FALSE			FALSE								TRUE	Increase
12051	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	2.33	Harvard Valued - Utiliz	February 2010	010	2.33	2.41	5.91	0.30	53156	FALSE			FALSE								TRUE	Decrease
12052	Repair, intermediate, wound	Repair of Intermediate W	April 2010	45	AAO-HNS,	Remove from screen	Harvard Valued - Utiliz	February 2010	010	2.87	2.71	6.28	0.35	94390	FALSE			FALSE								TRUE	Remove from Screen
12053	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	3.17	Harvard Valued - Utiliz	February 2010	010	3.17	2.82	7.38	0.41	14469	FALSE			FALSE								TRUE	Maintain
12054	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	3.50	Harvard Valued - Utiliz	February 2010	010	3.5	2.50	7.55	0.54	3544	FALSE			FALSE								TRUE	Maintain
12055	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	4.65	Harvard Valued - Utiliz	February 2010	010	4.5	3.62	9.97	0.82	286	FALSE			FALSE								TRUE	Increase
12056	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	5.50	Harvard Valued - Utiliz	February 2010	010	5.3	5.22	11.21	0.95	41	FALSE			FALSE								TRUE	Increase
12057	Repair, intermediate, wound	Repair of Intermediate W	October 2010	22	AAO-HNS,	6.28	Harvard Valued - Utiliz	February 2010	010	6	5.42	11.27	1.08	20	FALSE			FALSE								TRUE	Increase
13100	Repair, complex, trunk; 1.1 c	Complex Wound Repair	April 2012	37	AAD, AAO	3.00	CMS Request	July 2011	010	3	2.58	6.89	0.37	4827	FALSE			FALSE								TRUE	Decrease
13101	Repair, complex, trunk; 2.6 c	Complex Wound Repair	April 2012	37	AAD, AAO	3.50	CMS Request	July 2011	010	3.5	3.43	8.04	0.41	84542	FALSE			FALSE								TRUE	Decrease
13102	Repair, complex, trunk; each	Complex Wound Repair	April 2012	37	AAD, AAO	1.24	CMS Request	July 2011	ZZZ	1.24	0.69	2.07	0.19	21197	FALSE			FALSE								TRUE	Maintain
13120	Repair, complex, scalp, arms	Complex Wound Repair	October 2017	19	AAD, AAO	3.23	CMS Fastest Growing /	October 2008	010	3.23	3.26	7.07	0.40	10368	TRUE	1st article: N	complete	FALSE		September 2018	9	Complete	TRUE	Decrease							
13121	Repair, complex, scalp, arms	Complex Wound Repair	October 2017	19	AAD, AAO	4.00	CMS Fastest Growing /	October 2008	010	4	3.18	8.34	0.44	182651	TRUE	1st article: N	complete	FALSE		September 2018	9	Complete	TRUE	Decrease							
13122	Repair, complex, scalp, arms	Complex Wound Repair	October 2017	19	AAD, AAO	1.44	CMS Fastest Growing /	October 2008	ZZZ	1.44	0.79	2.16	0.22	27329	TRUE	1st article: N	complete	FALSE		September 2018	9	Complete	TRUE	Maintain							
13131	Repair, complex, forehead, c	Complex Wound Repair	April 2012	37	AAD, AAO	3.73	Harvard Valued - Utiliz	April 2011	010	3.73	2.99	7.50	0.44	32774	FALSE			FALSE								TRUE	Decrease
13132	Repair, complex, forehead, c	Complex Wound Repair	April 2012	37	AAD, AAO	4.78	CMS Request	September 2011	010	4.78	3.64	8.83	0.55	252586	FALSE			FALSE								TRUE	Decrease
13133	Repair, complex, forehead, c	Complex Wound Repair	April 2012	37	AAD, AAO	2.19	CMS Request	September 2011	ZZZ	2.19	1.23	2.57	0.27	13790	FALSE			FALSE								TRUE	Maintain
13150	Repair, complex, eyelids, no	Complex Wound Repair	April 2012	37	AAD, AAO	Deleted from CPT	CMS Request	September 2011							FALSE			TRUE	Specialties are r	October 2012	05	Deleted fron	TRUE	Deleted from CPT							
13151	Repair, complex, eyelids, no	Complex Wound Repair	April 2012	37	AAD, AAO	4.34	CMS Request	September 2011	010	4.34	3.37	7.85	0.54	28161	FALSE			FALSE								TRUE	Decrease
13152	Repair, complex, eyelids, no	Complex Wound Repair	April 2012	37	AAD, AAO	5.34	Harvard Valued - Utiliz	April 2011	010	5.34	3.95	8.93	0.65	47544	FALSE			FALSE								TRUE	Decrease
13153	Repair, complex, eyelids, no	Complex Wound Repair	April 2012	37	AAD, AAO	2.38	CMS Request	July 2011	ZZZ	2.38	1.31	2.82	0.36	754	FALSE			FALSE								TRUE	Maintain
14000	Adjacent tissue transfer or re	Skin Tissue Rearrangemer	October 2008	9	ACS, AAD,	6.19	Site of Service Anomal	April 2008	090	6.37	7.55	11.59	1.10	5804	FALSE			FALSE								TRUE	Decrease
14001	Adjacent tissue transfer or re	Skin Tissue Rearrangemer	October 2008	9	ACS, AAD,	8.58	Site of Service Anomal	September 2007	090	8.78	9.09	13.91	1.60	8527	FALSE			FALSE								TRUE	Decrease
14020	Adjacent tissue transfer or re	Skin Tissue Rearrangemer	October 2008	9	AAD, ASPS	7.02	Site of Service Anomal	April 2008	090	7.22	8.61	12.81	1.02	15643	FALSE			FALSE								TRUE	Decrease
14021	Adjacent tissue transfer or re	Skin Tissue Rearrangemer	October 2008	9	AAD, ASPS	9.52	Site of Service Anomal	September 2007	090	9.72	10.03	14.88	1.32	18586	FALSE			FALSE								TRUE	Decrease
14040	Adjacent tissue transfer or re	Skin Tissue Rearrangemer	October 2008	9	AAD, ASPS	8.44	Site of Service Anomal	April 2008	090	8.6	8.84	13.02	1.10	58271	FALSE			FALSE								TRUE	Maintain
14041	Adjacent tissue transfer or re	Skin Tissue Rearrangemer	October 2008	9	AAD, ASPS	10.63	Site of Service Anomal	September 2007	090	10.83	10.49	15.43	1.31	43225	FALSE			FALSE								TRUE	Decrease
14060	Adjacent tissue transfer or re	Skin Tissue Rearrangemer	October 2008	9	AAD, ASPS	Maintain	Site of Service Anomal	April 2008	090	9.23	9.42	12.62	1.12	80653	FALSE			FALSE								TRUE	Maintain
14061	Adjacent tissue transfer or re	Skin Tissue Rearrangemer	October 2008	9	AAD, ASPS	11.25	Site of Service Anomal	September 2007	090	11.48	11.43	16.86	1.38	29256	FALSE			FALSE								TRUE	Decrease
14300	Deleted from CPT	Adjacent Tissue Transfer	April 2009	04	ACS, AAD,	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	The specialty so	February 2009	09	Code Delete	TRUE	Deleted from CPT							
14301	Adjacent tissue transfer or re	Adjacent Tissue Transfer	April 2009	04	ACS, AAO-	12.47	Site of Service Anomal	September 2007	090	12.65	11.23	17.84	1.97	39025	FALSE			FALSE		February 2009	09		TRUE	Decrease							
14302	Adjacent tissue transfer or re	Adjacent Tissue Transfer	April 2009	04	ACS, AAO-	3.73	Site of Service Anomal	September 2007	ZZZ	3.73	2.01	2.01	0.66	46941	FALSE			FALSE		February 2009	09		TRUE	Decrease							
15002	Surgical preparation or creat	RAW	September 2014	21	ASPS	Maintain work RVU an	Pre-Time Analysis	January 2014	000	3.65	2.20	6.05	0.65	23825	FALSE			FALSE								TRUE	Maintain
15004	Surgical preparation or creat	RAW	September 2014	21	ASPS, APN	Maintain work RVU an	Pre-Time Analysis	January 2014	000	4.58	2.49	6.58	0.64	33789	FALSE			FALSE								TRUE	Maintain
15100	Split-thickness autograft, tru	RAW	September 2014	21	ASPS	Maintain work RVU an	Pre-Time Analysis	January 2014	090	9.9	9.58	14.27	1.90	11671	FALSE			FALSE								TRUE	Maintain
15120	Split-thickness autograft, fac	Autograft	September 2007	16	AAO-HNS,	Remove from screen	Site of Service Anomal	September 2007	090	10.15	8.78	13.55	1.63	7599	FALSE			FALSE								TRUE	Remove from Screen
15170	Acellular dermal replacemer	Acellular Dermal Replacer	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE								TRUE	Deleted from CPT
15171	Acellular dermal replacemer	Acellular Dermal Replacer	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE								TRUE	Deleted from CPT
15175	Acellular dermal replacemer	Acellular Dermal Replacer	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	October 2009							FALSE			TRUE	The specialty re	October 2010	07	Complete	TRUE	Deleted from CPT							
15176	Acellular dermal replacemer	Acellular Dermal Replacer	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE								TRUE	Deleted from CPT
15220	Full thickness graft, free, incl	Skin Graft	September 2007	16	AAO-HNS,	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	8.09	8.92	13.81	1.13	9254	FALSE			FALSE								TRUE	PE Only
15240	Full thickness graft, free, incl	RAW	September 2014	21	ASPS, AAC	Maintain work RVU an	Pre-Time Analysis	January 2014	090	10.41	11.86	15.99	1.38	12274	FALSE			FALSE								TRUE	Maintain
15271	Application of skin substitute	Chronic Wound Dermal S	April 2011	04	ACS, APM	1.50	Different Performing S	April 2011	000	1.5	0.75	2.88	0.22	134215	FALSE			FALSE		February 2011			TRUE	Decrease							
15272	Application of skin substitute	Chronic Wound Dermal S	April 2011	04	ACS, APM	0.59	Different Performing S	April 2011	ZZZ	0.33	0.12	0.35	0.04	17378	FALSE			FALSE		February 2011			TRUE	Decrease							
15273	Application of skin substitute	Chronic Wound Dermal S	April 2011	04	ACS, APM	3.50	Different Performing S	April 2011	000	3.5	1.65	5.17	0.65	6285	FALSE			FALSE		February 2011			TRUE	Decrease							
15274	Application of skin substitute	Chronic Wound Dermal S	April 2011	04	ACS, APM	0.80	Different Performing S	April 2011	ZZZ	0.8	0.35	1.50	0.18	27593	FALSE			FALSE		February 2011			TRUE	Decrease							
15275	Application of skin substitute	Chronic Wound Dermal S	April 2011	04	ACS, APM	1.83	Different Performing S	April 2011	000	1.83	0.73	2.72	0.19	153979	FALSE			FALSE		February 2011			TRUE	Decrease							
15276	Application of skin substitute	Chronic Wound Dermal S	April 2011	04	ACS, APM	0.59	Different Performing S	April 2011	ZZZ	0.5	0.17	0.40	0.07	7165	FALSE			FALSE		February 2011			TRUE	Decrease							
15277	Application of skin substitute	Chronic Wound Dermal S	April 2011	04	ACS, APM	4.00	Different Performing S	April 2011	000	4	1.93	5.62	0.72	1611	FALSE			FALSE		February 2011			TRUE	Decrease							
15278	Application of skin substitute	Chronic Wound Dermal S	April 2011	04	ACS, APM	1.00	Different Performing S	April 2011	ZZZ	1	0.46	1.67	0.19	2798	FALSE			FALSE		February 2011			TRUE	Decrease							
15320	Deleted from CPT	Skin Allograft	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	October 2009							FALSE			TRUE	The specialty re	October 2010	07	Complete	TRUE	Deleted from CPT							
15321	Deleted from CPT	Skin Allograft	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE								TRUE	Deleted from CPT
15330	Acellular dermal allograft, tr	Allograft	February 2008	S	ASPS	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE								TRUE	Deleted from CPT
15331	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	AAO-HNS,	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE								TRUE	Deleted from CPT
15335	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	AAO-HNS,	Deleted from CPT	Different Performing S	October 2009							FALSE			TRUE	The specialty re	October 2010	07	Complete	TRUE	Deleted from CPT							
15336	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	AAO-HNS,	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT							
15360	Deleted from CPT	Tissue Cultured Allogenei	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT							
15361	Deleted from CPT	Tissue Cultured Allogenei	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT							
15365	Deleted from CPT	Tissue Cultured Allogenei	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	October 2009							FALSE			TRUE	The specialty re	October 2010	07	Complete	TRUE	Deleted from CPT							
15366	Deleted from CPT	Tissue Cultured Allogenei	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT							
15400	Deleted from CPT	Xenograft	September 2007	16	APMA, AA	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			FALSE								TRUE	Deleted from CPT
15401	Deleted from CPT	Xenograft	February 2008	S	ACS, ASPS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			FALSE								TRUE	Deleted from CPT
15420	Deleted from CPT	Xenograft Skin	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	October 2009							FALSE			TRUE	The specialty re	October 2010	07	Complete	TRUE	Deleted from CPT							
15421	Deleted from CPT	Xenograft Skin	February 2010	31	APMA, AS	Deleted from CPT	Different Performing S	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT							
15570	Formation of direct or tubed	Skin Pedicle Flaps	October 2008	10	ACS, ASPS	10.00	Site of Service Anomal	September 2007	090	10.21	9.66	15.08	1.96	275	FALSE			FALSE								TRUE	Maintain
15572	Formation of direct or tubed	Skin Pedicle Flaps	October 2008	10	ACS, ASPS	9.94	Site of Service Anomal	April 2008	090	10.12	10.13	14.55	1.74	556	FALSE			FALSE								TRUE	Maintain
15574	Formation of direct or tubed	Skin Pedicle Flaps	October 2008	10	ASPS, AAC	10.52	Site of Service Anomal	September 2007	090	10.7	9.62	13.97	1.60	1494	FALSE			FALSE								TRUE	Maintain
15576	Formation of direct or tubed	Skin Pedicle Flaps	October 2008	10	ASPS, AAC	9.24	Site of Service Anomal	September 2007	090	9.37	8.81	12.89	1.12	4373	FALSE			FALSE								TRUE	Maintain
15730	Midface flap (ie, zygomaticof	Muscle Flaps	January 2017	05	AAO	13.50	High Level E/M in Glob	January 2017	090	13.5	12.19	27.74	1.51	1428	FALSE			FALSE								TRUE	Decrease
15732	Muscle, myocutaneous, or fa	Muscle Flaps	January 2017	05	ASPS	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	The specialty so	September 2016	15	yes	TRUE	Deleted from CPT							
15733	Muscle, myocutaneous, or fa	Muscle Flaps	January 2017	05	ASPS	15.68	High Level E/M in Glob	January 2017	090	15.68	12.58	NA	2.48	4590	FALSE			FALSE								TRUE	Decrease
15734	Muscle, myocutaneous, or fa	Muscle Flaps	April 2016	14		23.00	High Level E/M in Glob	October 2015	090	23	16.93	NA	4.85	21636	FALSE			FALSE		September 2016	15	yes	TRUE	Increase							
15736	Muscle, myocutaneous, or fa	Muscle Flaps	April 2016	14	ASSH, ASP	17.04	High Level E/M in Glob	January 2016	090	17.04	16.03	NA	3.24	1347	FALSE			FALSE		September 2016	15	yes	TRUE	Maintain							
15738	Muscle, myocutaneous, or fa	Muscle Flaps	April 2016	14	ASPS	19.04	High Level E/M in Glob	January 2016	090	19.04	15.25	NA	3.58	5370	FALSE			FALSE		September 2016	15	yes	TRUE	Maintain							
15740	Flap; island pedicle requiring	Dermatology and Plastic S	April 2008	28	AAD, ASPS	11.57	Site of Service Anomal	September 2007	090	11.8	11.52	16.71	1.75	1879	FALSE			TRUE	CPT code 15740	February 2009 & Fe	11 & C	Complete	TRUE	Maintain							
15769	Grafting of autologous soft ti	Tissue Grafting Procedure	September 2022	13	AAOHNS,	Refer to CPT Assistant.	Site of Service Anomal	May 2018	090	6.68	6.45	NA	1.26	5780	TRUE	Jul 2023		FALSE					FALSE	Increase							
15771	Grafting of autologous fat ha	Tissue Grafting Procedure	October 2018	04	ASPS	6.73	Site of Service Anomal	May 2018	090	6.73	7.21	10.21	1.26	3401	FALSE			FALSE					TRUE	Increase							
15772	Grafting of autologous fat ha	Tissue Grafting Procedure	October 2018	04	ASPS	2.50	Site of Service Anomal	May 2018	ZZZ	2.5	1.46	2.77	0.44	7322	FALSE			FALSE					TRUE	Increase							
15773	Grafting of autologous fat ha	Tissue Grafting Procedure	October 2018	04	ASPS	6.83	Site of Service Anomal	May 2018	090	6.83	7.01	9.91	1.14	394	FALSE			FALSE					TRUE	Increase							

15774	Grafting of autologous fat ha	Tissue Grafting Procedure	October 2018	04			ASPS	2.41	Site of Service Anomal	May 2018	ZZZ	2.41	1.43	2.74	0.44	75	FALSE			FALSE						TRUE	Increase
15777	Implantation of biologic imp	Chronic Wound Dermal S	April 2011	04			ACS, APM,	3.65	Different Performing S	April 2011	ZZZ	3.65	2.03	2.03	0.69	7275	FALSE			FALSE		February 2011				TRUE	Decrease
15778	Implantation of absorbable r	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	8.00	Site of Service Anomal	February 2021	000	7.05	2.83	NA	1.56		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
15823	Blepharoplasty, upper eyelid	Upper Eyelid Blepharopla	April 2010	33			AAO	6.81	Harvard Valued - Utiliz	October 2009	090	6.81	8.97	11.13	0.58	81846	FALSE			FALSE						TRUE	Decrease
16020	Dressings and/or debrideme	Dressings/ Debridement (	October 2010	08			ASPS, AAF	0.80	Different Performing S	October 2009	000	0.71	0.82	1.73	0.12	13542	FALSE			FALSE						TRUE	Maintain
16025	Dressings and/or debrideme	Dressings/ Debridement (	October 2010	08			ASPS, AAF	1.85	Different Performing S	October 2009	000	1.74	1.27	2.67	0.27	1828	FALSE			FALSE						TRUE	Maintain
16030	Dressings and/or debrideme	Dressings/ Debridement (	April 2010	45			ACEP, ASP	CPT Assistant article pu	Different Performing S	February 2010	000	2.08	1.43	3.41	0.40	1085	TRUE	Oct 2012	Yes	FALSE						TRUE	Maintain
17000	Destruction (eg, laser surger	Destruction of Premalign	April 2013	17			AAD	0.61	MPC List	October 2010	010	0.61	0.96	1.34	0.06	5622795	FALSE			FALSE						TRUE	Decrease
17003	Destruction (eg, laser surger	Destruction of Premalign	April 2013	17			AAD	0.04	Low Value-Billed in Mu	October 2010	ZZZ	0.04	0.02	0.16	0.00	18009083	FALSE			FALSE						TRUE	Decrease
17004	Destruction (eg, laser surger	Destruction of Premalign	April 2013	17			AAD	Remove from Modifier	CMS High Expenditure	September 2011	010	1.37	1.41	3.53	0.17	820987	FALSE			FALSE						TRUE	Decrease
17106	Destruction of cutaneous va	Destruction of Skin Lesior	October 2008	11			AAD	3.61	High IWPUT	February 2008	090	3.69	4.10	6.17	0.42	3465	FALSE			FALSE						TRUE	Decrease
17107	Destruction of cutaneous va	Destruction of Skin Lesior	October 2008	11			AAD	4.68	High IWPUT	February 2008	090	4.79	5.32	8.00	0.54	1668	FALSE			FALSE						TRUE	Decrease
17108	Destruction of cutaneous va	Destruction of Skin Lesior	October 2008	11			AAD	6.37	High IWPUT	February 2008	090	7.49	7.16	10.44	0.98	4917	FALSE			FALSE						TRUE	Decrease
17110	Destruction (eg, laser surger	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.7	1.23	2.64	0.07	2645400	FALSE			FALSE						TRUE	Remove from Screen
17111	Destruction (eg, laser surger	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.97	1.38	2.91	0.10	129756	FALSE			FALSE						TRUE	Remove from Screen
17250	Chemical cauterization of gr	Chemical Cauterization of	January 2022	20	January 2025	RAW	AAFP, ACS	Review in 3 years (Jan	High Volume Growth3	October 2015	000	0.5	0.53	2.05	0.08	248217	TRUE	Sep 2016	Yes	TRUE	In January 2016, September 2016		17	yes	FALSE		
17261	Destruction, malignant lesio	Destruction of Malignant	October 2010	26			AAD, AAFI	1.22	Harvard Valued - Utiliz	October 2009	010	1.22	1.23	3.10	0.12	127721	FALSE			FALSE						TRUE	Maintain
17262	Destruction, malignant lesio	Destruction of Malignant	October 2010	26			AAD, AAFI	1.63	Harvard Valued - Utiliz	February 2010	010	1.63	1.47	3.55	0.18	283361	FALSE			FALSE						TRUE	Maintain
17271	Destruction, malignant lesio	Destruction of Malignant	October 2010	26			AAD, AAFI	1.54	Harvard Valued - Utiliz	February 2010	010	1.54	1.42	3.29	0.17	46244	FALSE			FALSE						TRUE	Maintain
17272	Destruction, malignant lesio	Destruction of Malignant	October 2010	26			AAD, AAFI	1.82	Harvard Valued - Utiliz	February 2010	010	1.82	1.58	3.65	0.19	75889	FALSE			FALSE						TRUE	Maintain
17281	Destruction, malignant lesio	Destruction of Malignant	October 2010	26			AAD, AAFI	1.77	Harvard Valued - Utiliz	February 2010	010	1.77	1.55	3.44	0.19	69196	FALSE			FALSE						TRUE	Maintain
17282	Destruction, malignant lesio	Destruction of Malignant	October 2010	26			AAD, AAFI	2.09	Harvard Valued - Utiliz	October 2009	010	2.09	1.74	3.86	0.22	69607	FALSE			FALSE						TRUE	Maintain
17311	Mohs micrographic techniqu	Mohs Surgery	April 2013	18			AAD	6.20	CMS High Expenditure	September 2011	000	6.2	3.66	13.47	0.65	820299	FALSE			FALSE						TRUE	Maintain
17312	Mohs micrographic techniqu	Mohs Surgery	April 2013	18			AAD	3.30	CMS High Expenditure	September 2011	ZZZ	3.3	1.95	8.69	0.35	483735	FALSE			FALSE						TRUE	Maintain
17313	Mohs micrographic techniqu	Mohs Surgery	April 2013	18			AAD	5.56	CMS High Expenditure	January 2012	000	5.56	3.28	12.94	0.58	158672	FALSE			FALSE						TRUE	Maintain
17314	Mohs micrographic techniqu	Mohs Surgery	April 2013	18			AAD	3.06	CMS High Expenditure	January 2012	ZZZ	3.06	1.81	8.46	0.30	61232	FALSE			FALSE						TRUE	Maintain
17315	Mohs micrographic techniqu	Mohs Surgery	April 2013	18			AAD	0.87	CMS High Expenditure	January 2012	ZZZ	0.87	0.52	1.39	0.10	18666	FALSE			FALSE						TRUE	Maintain
19020	Mastotomy with exploration	Mastotomy	September 2007	16			ACS	Reduce 99238 to 0.5, r	Site of Service Anomal	September 2007	090	3.83	4.70	9.45	0.89	1246	FALSE			FALSE						TRUE	PE Only
19081	Biopsy, breast, with placeme	Breast Biopsy	April 2013	04			ACR, ACS,	3.29	Codes Reported Togetl	January 2012	000	3.29	1.19	11.55	0.34	58442	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19082	Biopsy, breast, with placeme	Breast Biopsy	April 2013	04			ACR, ACS,	1.65	Codes Reported Togetl	January 2012	ZZZ	1.65	0.60	9.94	0.18	4569	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19083	Biopsy, breast, with placeme	Breast Biopsy	April 2013	04			ACR, ACS,	3.10	Codes Reported Togetl	January 2012	000	3.1	1.12	11.77	0.31	113588	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19084	Biopsy, breast, with placeme	Breast Biopsy	April 2013	04			ACR, ACS,	1.55	Codes Reported Togetl	January 2012	ZZZ	1.55	0.57	9.88	0.17	15183	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19085	Biopsy, breast, with placeme	Breast Biopsy	April 2013	04			ACR, ACS,	3.64	Codes Reported Togetl	January 2012	000	3.64	1.32	19.36	0.31	6597	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19086	Biopsy, breast, with placeme	Breast Biopsy	April 2013	04			ACR, ACS,	1.82	Codes Reported Togetl	January 2012	ZZZ	1.82	0.66	16.14	0.17	1477	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19102	Biopsy of breast; percutanec	Breast Biopsy	April 2013	04			ACR, ACS,	Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19103	Biopsy of breast; percutanec	Breast Biopsy	April 2013	04			ACR, ACS,	Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19281	Placement of breast localizat	Breast Biopsy	April 2013	04			ACR, ACS,	2.00	Codes Reported Togetl	January 2012	000	2	0.73	5.08	0.18	26026	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19282	Placement of breast localizat	Breast Biopsy	April 2013	04			ACR, ACS,	1.00	Codes Reported Togetl	January 2012	ZZZ	1	0.37	4.06	0.10	3373	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19283	Placement of breast localizat	Breast Biopsy	April 2013	04			ACR, ACS,	2.00	Codes Reported Togetl	January 2012	000	2	0.73	5.64	0.20	3712	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19284	Placement of breast localizat	Breast Biopsy	April 2013	04			ACR, ACS,	1.00	Codes Reported Togetl	January 2012	ZZZ	1	0.36	4.67	0.11	441	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19285	Placement of breast localizat	Breast Biopsy	April 2013	04			ACR, ACS,	1.70	Codes Reported Togetl	January 2012	000	1.7	0.62	9.35	0.18	26948	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19286	Placement of breast localizat	Breast Biopsy	April 2013	04			ACR, ACS,	0.85	Codes Reported Togetl	January 2012	ZZZ	0.85	0.31	8.27	0.10	2285	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19287	Placement of breast localizat	Breast Biopsy	April 2013	04			ACR, ACS,	3.02	Codes Reported Togetl	January 2012	000	2.55	0.93	16.59	0.22	304	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19288	Placement of breast localizat	Breast Biopsy	April 2013	04			ACR, ACS,	1.51	Codes Reported Togetl	January 2012	ZZZ	1.28	0.47	13.60	0.11	62	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19290	Preoperative placement of n	Breast Biopsy	April 2013	04			ACR, ACS,	Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19291	Preoperative placement of n	Breast Biopsy	April 2013	04			ACR, ACS,	Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19295	Image guided placement, me	Breast Biopsy	April 2013	04			ACR, ACS,	Deleted from CPT	CMS Fastest Growing /	October 2008							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19303	Mastectomy, simple, comple	Mastectomy	April 2016	15			ACS, ASBS	15.00	Site of Service Anomal	October 2015	090	15	10.01	NA	3.67	23640	FALSE			FALSE						TRUE	Decrease
19307	Mastectomy, modified radic	Modified Radical Mastect	January 2020	22				17.99	Site of Service Anomal	October 2019	090	17.99	12.93	NA	4.43	4668	FALSE			FALSE						TRUE	Decrease
19318	Breast reduction	Mammaplasty	September 2007	16			ASPS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	16.03	13.73	NA	2.94	6789	FALSE			FALSE						TRUE	PE Only
19340	Insertion of breast implant o	Breast Implant/Expander	January 2020	05			ASPS	11.00	CMS Request / Site of S	October 2009	090	10.48	10.28	NA	2.00	3355	FALSE			FALSE						TRUE	Decrease
19357	Tissue expander placement i	Breast Implant/Expander	January 2020	05			ASPS	15.36	Site of Service Anomal	September 2007	090	14.84	17.12	NA	2.76	5825	FALSE			TRUE	Originally referr	October 2009	20	Complete	TRUE	Decrease
20000	Deleted from CPT	Incision of Abcess	September 2007	16			APMA, AA	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	This service was	June 2009	15	Code Delete	TRUE	Deleted from CPT
20005	Incision and drainage of soft	Incision of Deep Abscess	October 2017	19			ACS, AAO	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	A RUC member r	February 2018	06	complete	TRUE	Deleted from CPT
20220	Biopsy, bone, trocar, or neec	Bone Biopsy Trocar/Need	January 2019	22			ACR, SIR	1.93	Different Performing S	January 2018	000	1.65	0.77	5.27	0.17	11940	FALSE			FALSE						TRUE	Increase
20225	Biopsy, bone, trocar, or neec	Bone Biopsy Trocar/Need	January 2019	22			ACR, SIR	3.00	Different Performing S	October 2017	000	2.45	1.11	8.91	0.25	12681	FALSE			FALSE						TRUE	Increase
20240	Biopsy, bone, open; superfic	Bone Biopsy Excisional	January 2016	04			AAOS, API	3.73	010-Day Global Post-O	April 2014	000	2.61	1.24	NA	0.29	6890	FALSE			FALSE						TRUE	Increase
20245	Biopsy, bone, open; deep (ej	Bone Biopsy Excisional	January 2016	04			AAOS	6.50	010-Day Global Post-O	January 2014	000	6	3.20	NA	1.03	4386	FALSE			TRUE	In April 2015, in	October 2015		revised	TRUE	Decrease
20525	Removal of foreign body in r	Removal of Foreign Body	September 2007	16			ACS, AAO	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	010	3.54	3.20	9.82	0.65	1390	FALSE			FALSE						TRUE	PE Only
20526	Injection, therapeutic (eg, lo	RAW	January 2017	30				Remove fromm screen	CMS 000-Day Global T	July 2016	000	0.94	0.58	1.34	0.18	96094	FALSE			FALSE						TRUE	Remove from Screen
20550	Injection(s); single tendon sh	Injection of Tendon	January 2016	27	RUC	AAOS, AAI	0.75	CMS Fastest Growing /	October 2008	000	0.75	0.31	0.88	0.10	816296	FALSE			FALSE						TRUE	Maintain
20551	Injection(s); single tendon or	Therapeutic Injection Car	April 2017	10			AAPMR, A	0.75	CMS Fastest Growing /	October 2008	000	0.75	0.31	0.88	0.10	136149	FALSE			FALSE						TRUE	Maintain
20552	Injection(s); single or multiple trigger point(s), 1 or 2 m		January 2016	28	RUC	AAPM&R,	0.66	CMS High Expenditure	July 2015	000	0.66	0.36	0.84	0.08	293265	FALSE			FALSE						TRUE	Maintain
20553	Injection(s); single or multiple trigger point(s), 3 or mo		January 2016	28	RUC	AAPM&R,	0.75	CMS High Expenditure	July 2015	000	0.75	0.41	0.98	0.10	353939	FALSE			FALSE						TRUE	Maintain
20600	Arthrocentesis, aspiration ar	Arthrocentesis	January 2014	04			AAFP, AAC	0.66 and new PE input	Harvard Valued - Utiliz	February 2010	000	0.66	0.31	0.84	0.08	429910	FALSE			TRUE	Ultrasound as ar	October 2013	06	Complete	TRUE	Maintain
20604	Arthrocentesis, aspiration ar	Arthrocentesis	January 2014	04			AAFP, AAC	0.89	CMS Request - Final Ru	July 2013	000	0.89	0.37	1.47	0.10	50301	FALSE			FALSE		October 2013	06		TRUE	Decrease
20605	Arthrocentesis, aspiration ar	Arthrocentesis	January 2014	04			AAFP, AAC	0.68 and new PE input	Harvard Valued - Utiliz	October 2009	000	0.68	0.32	0.87	0.10	402457	FALSE			TRUE	Ultrasound as ar	October 2013	06	Complete	TRUE	Maintain
20606	Arthrocentesis, aspiration ar	Arthrocentesis	January 2014	04			AAFP, AAC	1.00	CMS Request - Final Ru	July 2013	000	1	0.42	1.55	0.12	57211	FALSE			FALSE		October 2013	06		TRUE	Decrease
20610	Arthrocentesis, aspiration ar	Arthrocentesis	January 2014	04			AAFP, AAC	0.79 and new PE input	Harvard Valued - Utiliz	February 2010	000	0.79	0.43	1.02	0.12	5959151	FALSE			TRUE	Ultrasound as ar	October 2013	06	Complete	TRUE	Maintain
20611	Arthrocentesis, aspiration ar	Arthrocentesis	January 2014	04			AAFP, AAC	1.10	CMS Request - Final Ru	July 2013	000	1.1	0.51	1.72	0.17	1095993	FALSE			FALSE		October 2013	06		TRUE	Decrease
20612	Aspiration and/or injection c	RAW	January 2017	30				Remove from screen	CMS 000-Day Global T	July 2016	000	0.7	0.42	1.12	0.10	25152	FALSE			FALSE						TRUE	Remove from Screen
20680	Removal of implant; deep (e	RAW	September 2014	21			AAOS, API	5.96 and adjustments t	Pre-Time Analysis	January 2014	090	5.96	5.58	11.09	1.02	48037	FALSE			FALSE						TRUE	Maintain
20692	Application of a multiplane (	RAW	April 2014	52				Maintain	090-Day Global Post-O	January 2014	090	16.27	14.54	NA	2.82	2999	FALSE			FALSE						TRUE	Maintain
20694	Removal, under anesthesia, (	External Fixation	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	4.28	5.22	7.93	0.77	5650	FALSE			FALSE						TRUE	PE Only
20700	Manual preparation and inse	Drug Delivery Implant Prc	October 2018	05			AAOS, AU	1.50	Different Performing S	May 2018	ZZZ	1.5	0.74	0.74	0.27	1045	FALSE			FALSE						TRUE	Increase
20701	Removal of drug-delivery de	Drug Delivery Implant Prc	October 2018	05			AAOS, AU	1.13	Different Performing S	May 2018	ZZZ	1.13	0.57	0.57	0.22	230	FALSE			FALSE						TRUE	Increase
20702	Manual preparation and inse	Drug Delivery Implant Prc	October 2018	05			AAOS, AU	2.50	Different Performing S	May 2018	ZZZ	2.5	1.24	1.24	0.49	478	FALSE			FALSE						TRUE	Increase
20703	Removal of drug-delivery de	Drug Delivery Implant Prc	October 2018	05			AAOS, AU	1.80	Different Performing S	May 2018	ZZZ	1.8	0.90	0.90	0.35	94	FALSE			FALSE						TRUE	Increase
20704	Manual preparation and inse	Drug Delivery Implant Prc	October 2018	05			AAOS, AU	2.60	Different Performing S	May 2018	ZZZ	2.6	1.27	1.27	0.49	390	FALSE			FALSE						TRUE	Increase
20705	Removal of drug-delivery de	Drug Delivery Implant Prc	October 2018	05			AAOS, AU	2.15	Different Performing S	May 2018	ZZZ	2.15	1.12	1.12	0.43	118	FALSE			FALSE						TRUE	Increase
20900	Bone graft, any donor area; r	Bone Graft Procedures	April 2008	29			AOFAS, AA	3.00	Site of Service Anomal	September 2007	000	3	1.89	8.24	0.51	4243	FALSE			FALSE						TRUE	Decrease
20902	Bone graft, any donor area; r	Bone Graft Procedures	April 2008	29			AOFAS, AA	4.58	Site of Service Anomal	April 2008	000	4.58	2.79	NA	0.83	4148	FALSE			FALSE						TRUE	Decrease
20926	Tissue grafts, other (eg, para	Tissue Grafting Procedure	October 2018	04			AAOS, ASF	Deleted from CPT	CMS Fastest Growing /	October 2008							TRUE	Deleted for	N/A	TRUE	In October 2017	May 2018	12	Yes	TRUE	Deleted from CPT
21015	Radical resection of tumor (e	Radical Resection of Soft	February 2009	6			ACS, AAO	9.71	Site of Service Anomal	September 2007	090	9.89	9.38	NA	1.67	355	FALSE			TRUE	CPT developed r	June 2008	06	New code st	TRUE	Increase
21025	Excision of bone (eg, for oste	Excision of Bone – Mandi	October 2010	61			AAOMS	10.03	Site of Service Anomal	September 2007	090	10.03	8.63	12.56	1.03	4293	FALSE			FALSE						TRUE	Decrease
21495	Open treatment of hyoid fra	Laryngoplasty	January 2016	09	RUC		Deleted from CPT		090-Day Global Post-O	October 2015							FALSE			FALSE						TRUE	Deleted from CPT
21557	Radical resection of tumor (e	Radical Resection of Soft	February 2009	6			ACS, AAO	14.57	Site of Service Anomal	September 2007	090	14.75	10.77	NA	3.06	366	FALSE			TRUE	CPT developed r	June 2008	06	New code st	TRUE	Decrease
21800	Closed treatment of rib fract	Internal Fixation of Rib Fr	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Ru	July 2013							FALSE			TRUE	Refer to CPT for	February 2014	15	Complete	TRUE	Deleted from CPT
21805	Open treatment of rib fractu	Internal Fixation of Rib Fr	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Ru	January 2014							FALSE			TRUE	Referred to CPT	October 2014	7	Complete	TRUE	Deleted from CPT
21810	Treatment of rib fracture rec	Internal Fixation of Rib Fr	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Ru	January 2014							FALSE			FALSE		October 2013	07	Complete	TRUE	Deleted from CPT
21811	Open treatment of rib fractu	Internal Fixation of Rib Fr	April 2014	05			STS, ACS	19.55	CMS Request - Final Ru	January 2014	000	10.79	4.26	NA	2.53	447	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21812	Open treatment of rib fractu	Internal Fixation of Rib Fr	April 2014	05			STS, ACS	25.00	CMS Request - Final Ru	January 2014	000	13	5.27	NA	3.04	537	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21813	Open treatment of rib fractu	Internal Fixation of Rib Fr	April 2014	05			STS, ACS	35.00	CMS Request - Final Ru	January 2014	000	17.61	7.11	NA	4.41	70	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21820	Closed treatment of sternum	Internal Fixation of Rib Fr	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	CMS Request - Final Ru	January 2014	090	1.36	2.89	2.96	0.27	145	TRUE	Jan 2018	yes	FALSE		October 2013	07	Complete	TRUE	PE Only
21825	Open treatment of sternum	Internal Fixation of Rib Fr	April 2014	05			STS, ACS	Unrelated to the famil	CMS Request - Final Ru	January 2014	090	7.76	6.93	NA	1.78	538	FALSE			FALSE		October 2013	07	Complete	TRUE	Remove from Screen

21935	Radical resection of tumor (e	Radical Resection of Soft '	February 2009	6			ACS, AAOS	15.54	Site of Service Anomal	September 2007	090	15.72	11.23	NA	3.57	191	FALSE			TRUE	CPT developed r	June 2008	06	New code st	TRUE	Decrease
22214	Osteotomy of spine, posteric	RAW	September 2014	21			AAOS, NA	Maintain	CMS Fastest Growing	October 2008	090	21.02	18.38	NA	6.08	7078	FALSE			FALSE					TRUE	Maintain
22305	Closed treatment of vertebr	Closed treatment of verte	April 2015	23			AANS/CNS	Deleted from CPT	CMS Request - Final Ru	July 2013							FALSE			TRUE	In October 2013	May 2016	13	Complete	TRUE	Deleted from CPT
22310	Closed treatment of vertebr	Closed Treatment Vertebi	January 2020	23	September 2023	RAW	AANS, AA	3.45. Flag for Rereview	Negative IWPUT / Site	April 2017	090	3.45	4.79	5.21	0.75	5433	FALSE			FALSE					FALSE	Decrease
22510	Percutaneous vertebroplasty	Percutaneous Vertebropl	April 2014	06			AANS, CN	8.15	Codes Reported Togetl	April 2014	010	7.9	3.81	45.90	1.11	2333	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22511	Percutaneous vertebroplasty	Percutaneous Vertebropl	April 2014	06			AANS, CN	8.05	Codes Reported Togetl	April 2014	010	7.33	3.68	46.28	1.02	2791	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22512	Percutaneous vertebroplasty	Percutaneous Vertebropl	April 2014	06			AANS, CN	4.00	Codes Reported Togetl	April 2014	ZZZ	4	1.44	17.39	0.67	1724	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22513	Percutaneous vertebral augr	Percutaneous Vertebropl	April 2014	06			AANS, CN	8.90	Codes Reported Togetl	April 2014	010	8.65	4.90	163.54	1.60	20004	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22514	Percutaneous vertebral augr	Percutaneous Vertebropl	April 2014	06			AANS, CN	8.24	Codes Reported Togetl	April 2014	010	7.99	4.66	163.48	1.48	22125	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22515	Percutaneous vertebral augr	Percutaneous Vertebropl	April 2014	06			AANS, CN	4.00	Codes Reported Togetl	April 2014	ZZZ	4	1.67	84.49	0.79	13352	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22520	Percutaneous vertebroplasty	Percutaneous Vertebropl	April 2014	06			AANS, CN	Deleted from CPT	CMS Request - Practice	February 2009							FALSE			TRUE	Joint Workgroup	February 2014	16	Complete	TRUE	Deleted from CPT
22521	Percutaneous vertebroplasty	Percutaneous Vertebropl	April 2014	06			AANS, CN	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	Joint Workgroup	February 2014	16	Complete	TRUE	Deleted from CPT
22522	Percutaneous vertebroplasty	Percutaneous Vertebropl	April 2014	06			AANS, CN	Deleted from CPT	Codes Reported Togetl	April 2014							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from CPT
22523	Percutaneous vertebral augr	Percutaneous Vertebropl	April 2014	06			AANS, CN	Deleted from CPT	CMS Request: PE Revie	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from CPT
22524	Percutaneous vertebral augr	Percutaneous Vertebropl	April 2014	06			AANS, CN	Deleted from CPT	CMS Request: PE Revie	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from CPT
22525	Percutaneous vertebral augr	Percutaneous Vertebropl	April 2014	06			AANS, CN	Deleted from CPT	CMS Request: PE Revie	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from CPT
22533	Arthrodesis, lateral extracavi	Arthrodesis	September 2011	51			AAOS, NA	Remove from screen. (	CMS Fastest Growing	October 2008	090	24.79	18.65	NA	6.14	626	TRUE	Oct 2009	Yes	FALSE					TRUE	Remove from Screen
22551	Arthrodesis, anterior interbc	Arthrodesis	February 2010	05			NASS, AA	24.50	Codes Reported Togetl	February 2010	090	25	18.00	NA	8.13	32408	FALSE			FALSE		October 2009	21		TRUE	Decrease
22552	Arthrodesis, anterior interbc	Arthrodesis	February 2010	05			NASS, AA	6.50	Codes Reported Togetl	February 2010	ZZZ	6.5	3.22	NA	2.08	29355	FALSE			FALSE		October 2009	21		TRUE	Maintain
22554	Arthrodesis, anterior interbc	Arthrodesis	September 2022	13			AANS, AA	Refer to CPT Assistant.	Codes Reported Togetl	February 2008	090	17.69	14.61	NA	5.68	3525	TRUE	Aug 2023		TRUE	Referred to the (	October 2009	21	Complete	FALSE	Maintain
22558	Arthrodesis, anterior interbc	Vertebral Corpectomy wit	September 2022	13			AANS/CNS	Maintain	High Volume Growth2	April 2013	090	23.53	15.89	NA	6.34	19532	FALSE			TRUE	In January 2015	September 2016	20	yes	TRUE	Maintain
22585	Arthrodesis, anterior interbc	Arthrodesis	February 2010	05			NASS, AA	Remove from screen	Codes Reported Togetl	February 2010	ZZZ	5.52	2.57	NA	1.59	15241	FALSE			FALSE		October 2009	21		TRUE	Maintain
22612	Arthrodesis, posterior or pos	Lumbar Arthrodesis	October 2015	21			AANS/CNS	Review utilization data	Codes Reported Togetl	February 2010	090	23.53	17.40	NA	6.59	41571	FALSE			TRUE	The Workgroup	October 2010	16	Complete	TRUE	Maintain
22614	Arthrodesis, posterior or pos	Lumbar Arthrodesis	February 2011	04			AANS/CNS	6.43	Codes Reported Togetl	February 2010	ZZZ	6.43	3.20	NA	2.01	141438	FALSE			FALSE					TRUE	Decrease
22630	Arthrodesis, posterior interb	Lumbar Arthrodesis	February 2011	04			AANS/CNS	22.09	Codes Reported Togetl	February 2010	090	22.09	17.17	NA	7.66	4711	FALSE			TRUE	The Workgroup	October 2010	16	Complete	TRUE	Maintain
22632	Arthrodesis, posterior interb	Lumbar Arthrodesis	February 2011	04			AANS/CNS	5.22	Codes Reported Togetl	February 2010	ZZZ	5.22	2.57	NA	1.77	1744	FALSE			FALSE					TRUE	Decrease
22633	Arthrodesis, combined poste	Lumbar Arthrodesis	February 2011	04			AANS/CNS	27.75	Codes Reported Togetl	February 2010	090	26.8	19.26	NA	8.21	34099	FALSE			TRUE		October 2010	16	Complete	TRUE	Decrease
22634	Arthrodesis, combined poste	Lumbar Arthrodesis	February 2011	04			AANS/CNS	8.16	Codes Reported Togetl	February 2010	ZZZ	7.96	3.96	NA	2.50	13188	FALSE			TRUE		October 2010	16	Complete	TRUE	Decrease
22843	Posterior segmental instrum	Spine Fixation Device	February 2009	38			AAOS, NA	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	13.44	6.70	NA	4.18	9010	FALSE			FALSE					TRUE	Remove from Screen
22849	Reinsertion of spinal fixation	RAW	September 2014	21			AAOS, NA	Maintain	CMS Fastest Growing	October 2008	090	19.17	14.45	NA	5.61	3692	FALSE			TRUE	The Workgroup	June 2010	10	Complete In	TRUE	Maintain
22851	Application of intervertebral	Biomechancial Device Ins	January 2016	06		RUC	AANS/CNS	Deleted from CPT	CMS Fastest Growing /	October 2008							FALSE			TRUE	While preparing	October 2015	14	Code Delete	TRUE	Deleted from CPT
22859	Insertion of intervertebral bi	Biomechancial Device Ins	January 2016	06			AAOS, AA	6.00	CMS High Expenditure	October 2015	ZZZ	5.5	2.74	NA	1.67	1019	FALSE			FALSE					TRUE	Decrease
22867	Insertion of interlaminar/int	Insertion of Interlaminar/	January 2021	26			AAOS, AA	15.00	CMS High Expenditure	October 2015	090	15	12.64	NA	4.74	1325	FALSE			FALSE					TRUE	Increase
22868	Insertion of interlaminar/int	Biomechancial Device Ins	January 2016	06			AAOS, AA	5.50	CMS High Expenditure	October 2015	ZZZ	4	1.98	NA	1.28	216	FALSE			FALSE					TRUE	Decrease
22900	Excision, tumor, soft tissue o	Subfascial Excision of Soft	February 2009	5			ACS, AAO	8.21	Site of Service Anomal	September 2007	090	8.32	6.76	NA	1.91	459	FALSE			TRUE	CPT developed r	June 2008	06	New code st	TRUE	Increase
23076	Excision, tumor, soft tissue o	Subfascial Excision of Soft	February 2009	5			ACS, AAO	7.28	Site of Service Anomal	September 2007	090	7.41	7.36	NA	1.60	529	FALSE			TRUE	CPT developed r	June 2008	06	New code st	TRUE	Decrease
23120	Claviculectomy; partial	Claviculectomy	April 2008	30			AAOS	7.23	Site of Service Anomal	September 2007	090	7.39	8.91	NA	1.48	4394	FALSE			FALSE					TRUE	Maintain
23130	Acromioplasty or acromione	Removal of Bone	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	7.77	9.38	NA	1.56	1106	FALSE			FALSE					TRUE	PE Only
23350	Injection procedure for shou	Injection for Shoulder X-R	September 2011	13			ACR, AAO	1.00	Harvard Valued - Utiliz	April 2011	000	1	0.38	3.86	0.10	28470	FALSE			FALSE					TRUE	Maintain
23405	Tenotomy, shoulder area; sir	Tenotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	8.54	8.51	NA	1.54	1822	FALSE			FALSE					TRUE	PE Only
23410	Repair of ruptured musculot	Rotator Cuff	February 2008	12			AAOS	11.23	Site of Service Anomal	September 2007	090	11.39	11.05	NA	2.25	2475	FALSE			FALSE					TRUE	Decrease
23412	Repair of ruptured musculot	Rotator Cuff	September 2014	21			AAOS	Maintain work RVU an	Site of Service Anomal	September 2007	090	11.93	11.35	NA	2.36	8050	FALSE			FALSE					TRUE	Decrease
23415	Coracoacromial ligament rel	Shoulder Ligament Releas	October 2010	62			AAOS	9.23	Site of Service Anomal	September 2007	090	9.23	10.00	NA	1.85	308	FALSE			FALSE					TRUE	Decrease
23420	Reconstruction of complete	Rotator Cuff	February 2008	12			AAOS	13.35	Site of Service Anomal	September 2007	090	13.54	13.04	NA	2.71	1285	FALSE			FALSE					TRUE	Decrease
23430	Tenodesis of long tendon of	Tenodesis	October 2009	12			AAOS	10.17	CMS Fastest Growing, '	September 2007	090	10.17	10.30	NA	1.96	20034	FALSE			FALSE					TRUE	Maintain
23440	Resection or transplantation	Tendon Transfer	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	10.64	10.03	NA	2.10	1186	FALSE			FALSE					TRUE	PE Only
23472	Arthroplasty, glenohumeral j	Arthroplasty	October 2015	21			AAOS	Remove from screen	CMS Fastest Growing /	October 2008	090	22.13	16.78	NA	4.28	63266	FALSE			FALSE					TRUE	Remove from Screen
23540	Closed treatment of acromic	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	2.36	4.48	4.57	0.46	250	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
23600	Closed treatment of proxima	Treatment of Humerus Fr	September 2011	14			AAOS	3.00	Harvard Valued - Utiliz	April 2011	090	3	6.15	6.69	0.58	28693	FALSE			FALSE					TRUE	Decrease
23625	Closed treatment of greater	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	4.1	5.99	7.01	0.82	136	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
23650	Closed treatment of shoulde	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	3.53	4.96	5.96	0.72	13014	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
23655	Closed treatment of shoulde	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	4.76	6.75	NA	0.92	2615	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
23665	Closed treatment of shoulde	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	4.66	6.65	7.74	0.91	400	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
24505	Closed treatment of humera	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	5.39	7.38	8.98	1.06	696	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
24600	Treatment of closed elbow d	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	4.37	5.25	6.36	0.89	1098	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
24605	Treatment of closed elbow d	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	5.64	7.80	NA	1.12	382	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
25116	Radical excision of bursa, syr	Forearm Excision	October 2010	63			ASSH, AA	7.56	Site of Service Anomal	September 2007	090	7.56	9.34	NA	1.38	897	FALSE			FALSE					TRUE	Maintain
25210	Carpectomy; 1 bone	Carpectomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	6.12	7.72	NA	1.13	2946	FALSE			FALSE					TRUE	PE Only
25260	Repair, tendon or muscle, fle	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	8.04	9.67	NA	1.53	781	FALSE			FALSE					TRUE	PE Only
25280	Lengthening or shortening o	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	7.39	8.40	NA	1.34	1573	FALSE			FALSE					TRUE	PE Only
25310	Tendon transplantation or tr	Forearm Repair	February 2008	15	September 2023	RUC	ASSH, AA	Refer to CPT for code t	Site of Service Anomal	September 2007	090	8.08	9.23	NA	1.50	6429	FALSE			FALSE					TRUE	Decrease
25447	Arthroplasty, interposition, i	RAW	September 2022	13	September 2023	RUC	AAOS, ASS	Refer to CPT for code t	Codes Reported Togetl	April 2022	090	11.14	11.88	NA	2.07	19236	FALSE			TRUE	In April 2022, th	May 2023	16	Yes	FALSE	
25565	Closed treatment of radial ar	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	5.85	7.24	8.94	1.18	509	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
25605	Closed treatment of distal ra	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	6.25	8.13	9.05	1.25	18717	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
25606	Percutaneous skeletal fixatic	RAW	September 2014	21			AAOS, ASS	Maintain work RVU an	Pre-Time Analysis	September 2014	090	8.31	10.29	NA	1.63	1217	FALSE			FALSE					TRUE	Maintain
25607	Open treatment of distal rad	RAW	September 2014	21			AAOS, ASS	Maintain work RVU an	Pre-Time Analysis	September 2014	090	9.56	10.96	NA	1.85	8346	FALSE			FALSE					TRUE	Maintain
25608	Open treatment of distal rad	RAW	September 2014	21			AAOS, ASS	Maintain work RVU an	Pre-Time Analysis	September 2014	090	11.07	11.77	NA	2.13	6610	FALSE			FALSE					TRUE	Maintain
25609	Open treatment of distal rad	RAW	September 2014	21			AAOS, ASS	Maintain work RVU an	Pre-Time Analysis	January 2014	090	14.38	14.55	NA	2.73	18378	FALSE			FALSE					TRUE	Maintain
25675	Closed treatment of distal ra	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	4.89	6.76	8.15	0.98	424	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
26020	Drainage of tendon sheath, c	Tendon Sheath Procedure	April 2018	07			AAOS, ASS	7.79	Negative IWPUT	April 2017	090	6.84	8.73	NA	1.28	2089	FALSE			FALSE					TRUE	Increase
26055	Tendon sheath incision (eg, t	Tendon Sheath Procedure	April 2018	07			AAOS, ASS	3.75	Negative IWPUT	April 2017	090	3.11	5.17	14.23	0.58	100337	FALSE			FALSE					TRUE	Increase
26080	Arthrotomy, with exploratio	RAW	October 2015	21		RAW	ASSH, AA	Action plan for RAW O	Site of Service Anomal	September 2007	090	4.47	6.83	NA	0.82	1711	TRUE	Sep 2012	Yes	FALSE					TRUE	Maintain
26160	Excision of lesion of tendon	Tendon Sheath Procedure	April 2018	07			AAOS, ASS	3.57	Negative IWPUT	April 2017	090	3.57	5.38	14.45	0.66	16269	FALSE			FALSE					TRUE	Maintain
26356	Repair or advancement, flex	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASS	10.03	Site of Service Anomal	September 2007	090	9.56	12.76	NA	1.75	1079	FALSE			FALSE					TRUE	Decrease
26357	Repair or advancement, flex	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASS	11.50	090-Day Global Post-O	April 2014	090	11	13.71	NA	2.23	74	FALSE			FALSE					TRUE	Increase
26358	Repair or advancement, flex	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASS	13.10	090-Day Global Post-O	April 2014	090	12.6	14.53	NA	2.53	45	FALSE			FALSE					TRUE	Increase
26480	Transfer or transplant of ten	Tendon Transfer	September 2022	13	September 2023	RUC	AAOS, ASS	Refer to CPT for code t	CMS Fastest Growing /	October 2008	090	6.9	15.76	NA	1.26	10266	FALSE			TRUE	In April 2022, th	May 2023	16	Yes	FALSE	Maintain
26700	Closed treatment of metaca	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	3.83	5.06	5.90	0.75	528	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
26750	Closed treatment of distal ph	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	1.8	3.71	3.66	0.35	5602	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
26755	Closed treatment of distal ph	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	3.23	4.60	6.01	0.64	541	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
26770	Closed treatment of interpha	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	3.15	4.32	5.12	0.60	5370	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27048	Excision, tumor, soft tissue o	Excision of Subfascial Soft	February 2009	05			ACS, AAO	8.74	Site of Service Anomal	September 2007	090	8.85	7.58	NA	1.97	285	FALSE			TRUE	CPT developed r	June 2008	06	New code st	TRUE	Increase
27062	Excision; trochanteric bursa	Trochanteric Bursa Excisic	April 2008	32			AAOS	5.66	Site of Service Anomal	September 2007	090	5.75	6.89	NA	1.13	1724	FALSE			FALSE					TRUE	Maintain
27096	Injection procedure for sacr	Injection for Sacroiliac Joi	April 2011	06			AAPM, AA	1.48	Different Performing S	October 2009	000	1.48	0.83	3.25	0.14	438770	FALSE			TRUE	Refer to CPT Edi	February 2011	76	Code Revise	TRUE	Decrease
27130	Arthroplasty, acetabular and	Hip/Knee Arthroplasty	October 2019	11			AAOS, AA	19.60	CMS High Expenditure	September 2011	090	19.6	14.85	NA	3.94	160657	FALSE			FALSE					TRUE	Decrease
27134	Revision of total hip arthropl	RAW	September 2014	21			AAOS, AA	Maintain work RVU an	Pre-Time Analysis	January 2014	090	30.28	20.40	NA	6.08	9972	FALSE			FALSE					TRUE	Maintain
27193	Closed treatment of pelvic ri	Closed Treatment of Pelvi	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Ru	July 2013							FALSE			TRUE	Refer to CPT for	October 2015		Code Delete	TRUE	Deleted from CPT
27194	Closed treatment of pelvic ri	Closed Treatment of Pelvi	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Ru	October 2015							FALSE			FALSE				Code Delete	TRUE	Deleted from CPT
27197	Closed treatment of posteric	Closed Treatment of Pelvi	January 2016	07			AAOS	5.50	CMS Request - Final Ru	October 2015	000	1.53	2.19	NA	0.30	8300	FALSE			FALSE					TRUE	Decrease
27198	Closed treatment of posteric	Closed Treatment of Pelvi	January 2016	07			AAOS	9.00	CMS Request - Final Ru	October 2015	000	4.75	3.86	NA	0.83	158	FALSE			FALSE					TRUE	Decrease
27220	Closed treatment of acetabu	Closed Treatment Fractur	April 2018	08			AAOS	6.00	Negative IWPUT	April 2017	090	5.5	5.89	6.08	1.11	2404	FALSE			FALSE					TRUE	Decrease
27230	Closed treatment of femoral	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	5.81	7.56	7.85	1.15	1295	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27232	Closed treatment of femoral	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	11.72	7.74	NA	2.35	165	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27236	Open treatment of femoral f	Open Treatment of Femo	October 2012	16			AAOS	17.61	CMS High Expenditure	September 2011	090	17.61	14.60	NA	3.49	54867	FALSE			FALSE					TRUE	Maintain
27240	Closed treatment of intertro	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	13.81	12.15	NA	2.77	216	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only

27244	Treatment of intertrochante	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT	April 2008	090	18.18	14.92	NA	3.63	4207	FALSE			FALSE						TRUE	Increase
27245	Treatment of intertrochante	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT / CMS Fas	February 2008	090	18.18	14.91	NA	3.60	76680	FALSE			FALSE						TRUE	Decrease
27250	Closed treatment of hip dislc	Closed Treatment of Hip I	February 2008	18			ACEP	3.82	Site of Service Anomal	September 2007	000	3.82	0.77	NA	0.78	2685	FALSE			FALSE						TRUE	Decrease
27252	Closed treatment of hip dislc	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	11.03	9.41	NA	2.23	950	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27265	Closed treatment of post hip	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	5.24	6.37	NA	1.06	6754	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27266	Closed treatment of post hip	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	7.78	8.34	NA	1.55	4920	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27279	Arthrodesis, sacroiliac joint,	Arthodesis - Sacroiliac Joi	April 2018	09			AANS, AA(	9.03	CMS Request - Final Ru	July 2017	090	12.13	9.71	NA	2.56	6570	FALSE			FALSE						TRUE	Maintain
27324	Biopsy, soft tissue of thigh o	Soft Tissue Biopsy	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	5.04	6.24	NA	1.13	686	FALSE			FALSE						TRUE	PE Only
27369	Injection procedure for cont	Knee Arthrography Inject	September 2022	13	April 2024	RAW	ACR, AAPI	Review action plan. 0.5	Harvard Valued - Utiliz	June 2017	000	0.77	0.33	4.74	0.10	22566	FALSE			TRUE	In June 2017, thi	February 2018	EC-O	complete	FALSE	Maintain
27370	Injection of contrast for knee	Knee Arthrography Inject	October 2017	05			ACR	Deleted from CPT	High Volume Growth1	February 2008							TRUE	Clinical Exar	Yes	TRUE	In October 2016	June 2017	09	yes	TRUE	Deleted from CPT
27446	Arthroplasty, knee, condyle a	Knee Arthroplasty	April 2021	18			AAOS, AAI	17.13	CMS High Expenditure	September 2011	090	17.13	13.79	NA	3.41	12587	FALSE			FALSE						TRUE	Decrease
27447	Arthroplasty, knee, condyle a	Hip/Knee Arthroplasty	April 2021	18			AAOS, AAI	19.60	CMS High Expenditure	September 2011	090	19.6	14.82	NA	3.93	269146	FALSE			FALSE						TRUE	Decrease
27502	Closed treatment of femoral	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	11.36	9.10	NA	2.29	369	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27510	Closed treatment of femoral	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	9.8	8.81	NA	1.97	309	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27550	Closed treatment of knee dis	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	5.98	7.25	8.55	1.19	251	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27552	Closed treatment of knee dis	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	8.18	9.36	NA	1.62	223	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27615	Radical resection of tumor (e	Radical Resecion of Soft T	February 2009	6			ACS, AAOS	15.54	Site of Service Anomal	September 2007	090	15.72	11.71	NA	3.25	223	FALSE			TRUE	CPT developed r	June 2008	06	New code st	TRUE	Increase
27619	Excision, tumor, soft tissue o	Excision of Subfascial Soft	February 2009	5			ACS, AAOS	6.80	Site of Service Anomal	September 2007	090	6.91	6.00	NA	1.15	480	FALSE			TRUE	CPT developed r	June 2008	06	New code st	TRUE	Decrease
27640	Partial excision (craterizatior	Leg Bone Resection Partia	February 2008	19			AOFAS, AA	12.10	Site of Service Anomal	September 2007	090	12.24	10.55	NA	2.16	1529	FALSE			TRUE	CPT Editorial Pa	June 2008	07	Complete	TRUE	Maintain
27641	Partial excision (craterizatior	Leg Bone Resection Partia	February 2008	19			AOFAS, AA	9.72	Site of Service Anomal	February 2008	090	9.84	8.17	NA	1.57	947	FALSE			TRUE	CPT Editorial Pa	June 2008	07	Complete	TRUE	Decrease
27650	Repair, primary, open or per	Achilles Tendon Repair	February 2008	20			AAOS, AO	9.00	Site of Service Anomal	September 2007	090	9.21	9.17	NA	1.39	2239	FALSE			FALSE						TRUE	Decrease
27654	Repair, secondary, achilles te	Achilles Tendon Repair	April 2008	33			AOFAS, AF	10.32	Site of Service Anomal	September 2007	090	10.53	9.37	NA	1.54	2863	FALSE			FALSE						TRUE	Maintain
27685	Lengthening or shortening o	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	6.69	6.39	12.11	0.90	3563	FALSE			FALSE						TRUE	PE Only
27687	Gastrocnemius recession (eg	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	6.41	6.31	NA	0.91	6035	FALSE			FALSE						TRUE	PE Only
27690	Transfer or transplant of sing	Tendon Transfer	April 2008	34			AOFAS, AF	8.96	Site of Service Anomal	September 2007	090	9.17	8.66	NA	1.32	1139	FALSE			FALSE						TRUE	Maintain
27691	Transfer or transplant of sing	Tendon Transfer	April 2008	34			AOFAS, AF	10.28	Site of Service Anomal	September 2007	090	10.49	10.11	NA	1.72	3950	FALSE			FALSE						TRUE	Maintain
27752	Closed treatment of tibial sh	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	6.27	7.42	8.83	1.26	995	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27762	Closed treatment of medial r	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	5.47	6.82	8.27	1.06	377	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27792	Open treatment of distal fibu	Treatment of Ankle Fractu	February 2011	18			AAOS, AO	9.71	Site of Service Anomal	June 2010	090	8.75	9.10	NA	1.60	6357	FALSE			FALSE						TRUE	Maintain
27810	Closed treatment of bimalle	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	5.32	6.69	8.15	1.06	2691	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27814	Open treatment of bimalleol	RAW	September 2014	21			AAOS	Maintain work RVU an	Pre-Time Analysis	January 2014	090	10.62	10.39	NA	2.01	9365	FALSE			FALSE						TRUE	Maintain
27818	Closed treatment of trimalle	Treatment of Fracture	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Site of Service Anomal	September 2007	090	5.69	6.61	8.25	1.13	3552	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27825	Closed treatment of fracture	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	6.69	6.98	8.63	1.30	643	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
27840	Closed treatment of ankle di	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	4.77	6.10	NA	0.95	1865	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
28001	Incision and drainage, bursa,	Treatment of Foot Infecti	October 2020	14			AAOS, AO	2.00	010-Day Global Post-O	April 2020	000	2	0.67	2.93	0.18	2370	FALSE			FALSE						TRUE	Decrease
28002	Incision and drainage below	Treatment of Foot Infecti	October 2020	14			AAOS, AO	3.50	010-Day Global Post-O	January 2014	000	2.79	1.11	4.31	0.25	5947	FALSE			FALSE						TRUE	Decrease
28003	Incision and drainage below	Treatment of Foot Infecti	October 2020	14			AAOS, AO	5.28	010-Day Global Post-O	April 2020	000	5.28	1.84	5.47	0.60	5176	FALSE			FALSE						TRUE	Decrease
28111	Ostectomy, complete excisio	Ostectomy	September 2007	16			APMA, AA	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	5.15	3.85	8.51	0.53	927	FALSE			FALSE						TRUE	PE Only
28120	Partial excision (craterizatior	Removal of Foot Bone	February 2011	19			AOFAS, AF	8.27	Site of Service Anomal	September 2007	090	7.31	6.58	11.77	0.95	5004	FALSE			FALSE						TRUE	Increase
28122	Partial excision (craterizatior	Removal of Foot Bone	February 2011	19			AOFAS, AF	7.72	Site of Service Anomal	September 2007	090	6.76	5.58	10.11	0.72	13380	FALSE			FALSE						TRUE	Maintain
28124	Partial excision (craterizatior	Toe Removal	September 2007	16			APMA, AA	Remove 99238	Site of Service Anomal	September 2007	090	5	4.49	8.69	0.44	8600	FALSE			FALSE						TRUE	PE Only
28285	Correction, hammertoe (eg,	Orthopaedic Surgery/Pod	October 2010	31			AAOS, AO	5.62	Harvard Valued - Utiliz	February 2010	090	5.62	5.28	9.80	0.58	55616	FALSE			FALSE						TRUE	Increase
28289	Hallux rigidus correction witl	Bunionectomy	January 2016	08			AAOS, AO	6.90	090-Day Global Post-O	October 2015	090	6.9	6.06	12.82	0.79	3943	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28290	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	Deleted from CPT	090-Day Global Post-O	October 2015							FALSE			FALSE		October 2015	19	Complete	TRUE	Deleted from CPT
28291	Hallux rigidus correction witl	Bunionectomy	January 2016	08			AAOS, AO	8.01	090-Day Global Post-O	October 2015	090	8.01	5.68	11.97	0.75	2438	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28292	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	7.44	090-Day Global Post-O	October 2015	090	7.44	6.23	12.53	0.72	4776	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28293	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	Deleted from CPT	090-Day Global Post-O	January 2014							FALSE			TRUE	In January 2014,	October 2015	19	Complete	TRUE	Deleted from CPT
28294	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	Deleted from CPT	090-Day Global Post-O	October 2015							FALSE			FALSE		October 2015	19	Complete	TRUE	Deleted from CPT
28295	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	8.57	090-Day Global Post-O	October 2015	090	8.57	8.46	22.24	1.21	413	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28296	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	8.25	Site of Service Anomal	September 2007	090	8.25	6.25	17.36	0.75	6403	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28297	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	9.29	090-Day Global Post-O	October 2015	090	9.29	7.58	20.28	1.11	2874	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28298	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	7.75	Site of Service Anomal	September 2007	090	7.75	6.41	16.17	0.90	2722	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28299	Correction, hallux valgus (bu	Bunionectomy	January 2016	08			AAOS, AO	9.29	090-Day Global Post-O	October 2015	090	9.29	7.32	19.74	1.02	3962	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28300	Osteotomy; calcaneus (eg, d	Osteotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	9.73	8.24	NA	1.54	2201	FALSE			FALSE						TRUE	PE Only
28310	Osteotomy, shortening, angu	Osteotomy	September 2007	16			APMA, AA	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	5.57	4.61	10.00	0.60	1428	FALSE			FALSE						TRUE	PE Only
28470	Closed treatment of metatar	Treatment of Metatarsal I	September 2011	15			AAOS, API	2.03	Harvard Valued - Utiliz	April 2011	090	2.03	3.93	4.33	0.27	23583	FALSE			FALSE						TRUE	Maintain
28660	Closed treatment of interpha	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	010	1.28	1.30	2.26	0.22	577	TRUE	Jan 2018	yes	FALSE						TRUE	PE Only
28725	Arthrodesis; subtalar	Foot Arthrodesis	February 2011	20			AOFAS, AF	12.18	Site of Service Anomal	September 2007	090	11.22	10.29	NA	1.79	4054	FALSE			FALSE						TRUE	Maintain
28730	Arthrodesis, midtarsal or tar	Foot Arthrodesis	February 2011	20			AOFAS, AF	12.42	Site of Service Anomal	September 2007	090	10.7	9.52	NA	1.59	3609	FALSE			FALSE						TRUE	Maintain
28740	Arthrodesis, midtarsal or tar	Arthrodesis	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	9.29	7.91	14.16	1.26	3414	FALSE			FALSE						TRUE	PE Only
28820	Amputation, toe; metatarsop	Toe Amputation	April 2019	11			AAOS, ACS	4.10	Site of Service Anomal	October 2018	000	3.51	1.35	4.96	0.42	26361	FALSE			FALSE						TRUE	Decrease
28825	Amputation, toe; interphalar	Toe Amputation	April 2019	11			AAOS, ACS	4.00	Site of Service Anomal	September 2007	000	3.41	1.32	4.91	0.38	13521	FALSE			FALSE						TRUE	Decrease
29075	Application, cast; elbow to fi	Application of Forearm Ca	September 2011	16			AAOS, ASS	0.77	Harvard Valued - Utiliz	April 2011	000	0.77	0.94	1.71	0.17	58338	FALSE			FALSE						TRUE	Maintain
29105	Application of long arm splin	Application of Long Arm S	April 2017	11			AAOS, ACI	0.80	CMS 000-Day Global T	July 2016	000	0.8	0.29	1.53	0.17	23153	FALSE			FALSE						TRUE	Decrease
29200	Strapping; thorax	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.14	0.56	0.02	11667	FALSE			FALSE						TRUE	Decrease
29220	Deleted from CPT	Strapping; low back	April 2008	57			AAFP	Deleted from CPT	High Volume Growth1	February 2008							TRUE	Deleted fror	Yes	TRUE	The specialty so	October 2008	10	Code Delete	TRUE	Deleted from CPT
29240	Strapping; shoulder (eg, velp	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.13	0.49	0.02	16938	FALSE			FALSE						TRUE	Decrease
29260	Strapping; elbow or wrist	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	October 2013	000	0.39	0.14	0.45	0.04	4850	FALSE			FALSE						TRUE	Decrease
29280	Strapping; hand or finger	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	October 2013	000	0.39	0.16	0.46	0.04	3863	FALSE			FALSE						TRUE	Decrease
29445	Application of rigid total con	Application of Rigid Leg C	April 2016	17			AAOS, AHI	1.78	High Volume Growth3	October 2015	000	1.78	0.94	1.85	0.19	27661	FALSE			FALSE						TRUE	Maintain
29520	Strapping; hip	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.13	0.63	0.02	13493	FALSE			FALSE						TRUE	Decrease
29530	Strapping; knee	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.13	0.48	0.02	23640	FALSE			FALSE						TRUE	Decrease
29540	Strapping; ankle and/or foot	Strapping Lower Extremit	April 2017	41ii			APMA	0.39	Harvard Valued - Utiliz	October 2009	000	0.39	0.09	0.41	0.04	170657	FALSE			FALSE						TRUE	Decrease
29550	Strapping; toes	Strapping Lower Extremit	April 2017	41ii			APMA	0.25	Harvard Valued - Utiliz	February 2010	000	0.25	0.06	0.30	0.02	44061	FALSE			FALSE						TRUE	Decrease
29580	Strapping; unna boot	Strapping Multi Layer Cor	October 2016	13	RUC		ACS, APM	0.55	CMS High Expenditure	July 2015	000	0.55	0.16	1.27	0.07	222956	FALSE			FALSE						TRUE	Maintain
29581	Application of multi-layer co	Strapping Multi Layer Cor	October 2016	13			ACS, APM	0.60	CMS High Expenditure	July 2015	000	0.6	0.18	2.06	0.01	203402	FALSE			FALSE						TRUE	Maintain
29582	Application of multi-layer co	New Technology Review	October 2015	21			APTA	Deleted from CPT	New Technology/New	October 2015							TRUE	Aug 2016	Yes	FALSE		September 2016	22	yes	TRUE	Deleted from CPT
29583	Application of multi-layer co	New Technology Review	October 2015	21			APTA	Deleted from CPT	New Technology/New	October 2015							TRUE	Aug 2016	Yes	FALSE		September 2016	22	yes	TRUE	Deleted from CPT
29584	Application of multi-layer co	New Technology Review	January 2022	20			APTA	Maintain	New Technology/New	October 2015	000	0.35	0.11	2.09	0.01	3332	TRUE	Aug 2016	Yes	FALSE						TRUE	Maintain
29590	Denis-Browne splint strappir	Dennis-Browne splint rev	April 2012	07			APMA	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	This service was	February 2012	08	Code Delete	TRUE	Deleted from CPT
29805	Arthroscopy, shoulder, diagr	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice	NA	090	6.03	6.99	NA	1.15	414	FALSE			FALSE						TRUE	PE Only
29822	Arthroscopy, shoulder, surgi	Shoulder Debridement	January 2020	11				7.03	CMS Fastest Growing	October 2008	090	7.03	7.94	NA	1.36	7439	FALSE			TRUE	In October 2018	September 2019	14	yes	TRUE	Decrease
29823	Arthroscopy, shoulder, surgi	Shoulder Debridement	January 2020	11				7.98	Harvard-Valued Annua	October 2012	090	7.98	8.36	NA	1.54	38112	FALSE			TRUE	In October 2018	September 2019	14	yes	TRUE	Decrease
29824	Arthroscopy, shoulder, surgi	RAW	October 2015	21			AAOS	8.82	Codes Reported Togetl	February 2010	090	8.98	9.70	NA	1.74	30886	FALSE			FALSE						TRUE	Maintain
29826	Arthroscopy, shoulder, surgi	RAW	October 2015	21			AAOS	3.00	Codes Reported Togetl	February 2010	ZZZ	3	1.53	NA	0.58	64498	FALSE			FALSE						TRUE	Decrease
29827	Arthroscopy, shoulder, surgi	RAW	September 2022	13			AAOS	15.59. Maintain work F	CMS Fastest Growing/	October 2008	090	15.59	13.45	NA	3.01	60775	FALSE			FALSE						TRUE	Maintain
29828	Arthroscopy, shoulder, surgi	RAW	September 2022	13			AAOS	13.16	Codes Reported Togetl	February 2010	090	13.16	11.81	NA	2.52	18405	FALSE			FALSE						TRUE	Maintain
29830	Arthroscopy, elbow, diagnos	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice	NA	090	5.88	6.82	NA	1.02	128	FALSE			FALSE						TRUE	PE Only
29840	Arthroscopy, wrist, diagnosti	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice	NA	090	5.68	6.97	NA	1.02	98	FALSE			FALSE						TRUE	PE Only
29870	Arthroscopy, knee, diagnosti	Arthroscopy	October 2009	13			AAOS	New PE non-facility inp	CMS Request - Practice	NA	090	5.19	6.13	10.43	0.96	488	FALSE			FALSE						TRUE	PE Only
29888	Arthroscopically aided anter	ACL Repair	April 2008	38			AAOS	14.14	Site of Service Anomal	September 2007	090	14.3	12.23	NA	2.71	976	FALSE			FALSE						TRUE	Maintain
29900	Arthroscopy, metacarpophal	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice	NA	090	5.88	8.20	NA	1.19	2	FALSE			FALSE						TRUE	PE Only
30140	Submucous resection inferio	Resection of Inferior Turb	October 2016	14	RUC		AAOHNS	3.00	Harvard Valued - Utiliz	October 2015	000	3	1.89	5.52	0.43	39789	FALSE			FALSE						TRUE	Decrease
30465	Repair of nasal vestibular ste	Repair Nasal Stenosis	September 2007	16			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	12.36	16.96	NA	1.78	3079	FALSE			FALSE						TRUE	PE Only

30901	Control nasal hemorrhage, a	Control Nasal Hemorrhag	April 2016	20		AAOHNS	1.10	Harvard Valued - Utiliz	October 2009	000	1.1	0.40	3.46	0.19	71838	FALSE			FALSE						TRUE	Maintain
30903	Control nasal hemorrhage, a	Control Nasal Hemorrhag	April 2016	20		AAOHNS	1.54	CMS Request - Final Ru	July 2015	000	1.54	0.51	5.64	0.26	38809	FALSE			FALSE						TRUE	Maintain
30905	Control nasal hemorrhage, p	Control Nasal Hemorrhag	April 2016	20		AAOHNS	1.97	CMS Request - Final Ru	July 2015	000	1.97	0.84	8.32	0.35	4037	FALSE			FALSE						TRUE	Maintain
30906	Control nasal hemorrhage, p	Control Nasal Hemorrhag	April 2016	20		AAOHNS	2.45	CMS Request - Final Ru	July 2015	000	2.45	1.14	8.45	0.38	785	FALSE			FALSE						TRUE	Maintain
31231	Nasal endoscopy, diagnostic,	Nasal/Sinus Endoscopy	January 2012	19		AAO-HNS	1.10	MPC List	October 2010	000	1.1	0.66	4.43	0.17	564818	FALSE			FALSE						TRUE	Maintain
31237	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	April 2013	19		AAO-HNS	2.60	CMS High Expenditure	September 2011	000	2.6	1.79	4.75	0.37	115594	FALSE			FALSE						TRUE	Decrease
31238	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	April 2013	19		AAO-HNS	2.74	CMS High Expenditure	January 2012	000	2.74	1.85	4.41	0.38	26108	FALSE			FALSE						TRUE	Decrease
31239	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	April 2013	19		AAO-HNS	9.04	CMS High Expenditure	January 2012	010	9.04	8.08	NA	0.96	1064	FALSE			FALSE						TRUE	Decrease
31240	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	April 2013	19		AAO-HNS	2.61	CMS High Expenditure	January 2012	000	2.61	1.75	NA	0.37	3733	FALSE			FALSE						TRUE	Maintain
31241	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	8.51	Codes Reported Togetl	April 2015	000	8	4.08	NA	1.13	457	FALSE			FALSE		September 2016	24	yes		TRUE	Decrease
31253	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	9.00	Codes Reported Togetl	April 2015	000	9	4.59	NA	1.28	5994	FALSE			FALSE		September 2016	24	yes		TRUE	Decrease
31254	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	4.27	CMS Request - Final Ru	July 2015	000	4.27	2.37	8.36	0.59	10087	FALSE			FALSE		September 2016	24	yes		TRUE	Decrease
31255	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	5.75	Codes Reported Togetl	April 2015	000	5.75	3.05	NA	0.82	7275	FALSE			TRUE	In April 2015, th	September 2016	24	yes		TRUE	Decrease
31256	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	3.11	CMS Request - Final Ru	July 2015	000	3.11	1.81	NA	0.44	10695	FALSE			FALSE		September 2016	24	yes		TRUE	Decrease
31257	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	8.00	Codes Reported Togetl	April 2015	000	8	4.12	NA	1.13	4765	FALSE			FALSE		September 2016	24	yes		TRUE	Decrease
31259	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	8.48	Codes Reported Togetl	April 2015	000	8.48	4.34	NA	1.20	6124	FALSE			FALSE		September 2016	24	yes		TRUE	Decrease
31267	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	4.68	CMS Request - Final Ru	July 2015	000	4.68	2.55	NA	0.66	21215	FALSE			FALSE		September 2016	24	yes		TRUE	Decrease
31276	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	6.75	Codes Reported Togetl	April 2015	000	6.75	3.52	NA	0.96	11064	FALSE			TRUE	In April 2015, th	September 2016	24	yes		TRUE	Decrease
31287	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	3.50	Codes Reported Togetl	April 2015	000	3.5	2.00	NA	0.50	2334	FALSE			TRUE	In April 2015, th	September 2016	24	yes		TRUE	Decrease
31288	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	4.10	Codes Reported Togetl	April 2015	000	4.1	2.28	NA	0.59	3310	FALSE			TRUE	In April 2015, th	September 2016	24	yes		TRUE	Decrease
31295	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	2.70	Codes Reported Togetl	April 2015	000	2.7	1.62	47.72	0.37	20141	FALSE			FALSE						TRUE	Maintain
31296	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	3.10	Codes Reported Togetl	April 2015	000	3.1	1.80	48.02	0.44	5658	FALSE			TRUE	In April 2015, th	September 2016	24	yes		TRUE	Decrease
31297	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	January 2017	07		AAOHNS	2.44	Codes Reported Togetl	April 2015	000	2.44	1.49	47.58	0.35	1340	FALSE			TRUE	In April 2015, th	September 2016	24	yes		TRUE	Decrease
31298	Nasal/sinus endoscopy, surg	Nasal/Sinus Endoscopy	October 2020	24		AAOHNS	4.50	Codes Reported Togetl	April 2015	000	4.5	2.47	90.47	0.65	14448	FALSE			FALSE		September 2016	24	yes		TRUE	Decrease
31500	Intubation, endotracheal, en	Endotracheal Intubation	October 2018	27		ACEP, ASA	3.00	CMS High Expenditure	July 2015	000	3	0.74	NA	0.43	260169	TRUE	Oct 2016	yes	FALSE						TRUE	Increase
31551	Laryngoplasty; for laryngeal :	Laryngoplasty	January 2016	09		AAOHNS	21.50	090-Day Global Post-O	October 2015	090	21.5	21.84	NA	3.05		FALSE			FALSE		October 2015	13	Complete		TRUE	Decrease
31552	Laryngoplasty; for laryngeal :	Laryngoplasty	January 2016	09		AAOHNS	20.50	090-Day Global Post-O	October 2015	090	20.5	21.40	NA	2.91	23	FALSE			FALSE		October 2015	13	Complete		TRUE	Decrease
31553	Laryngoplasty; for laryngeal :	Laryngoplasty	January 2016	09		AAOHNS	22.00	090-Day Global Post-O	October 2015	090	22	25.51	NA	3.12		FALSE			FALSE		October 2015	13	Complete		TRUE	Decrease
31554	Laryngoplasty; for laryngeal :	Laryngoplasty	January 2016	09		AAOHNS	22.00	090-Day Global Post-O	October 2015	090	22	25.54	NA	3.12	21	FALSE			FALSE		October 2015	13	Complete		TRUE	Decrease
31571	Laryngoscopy, direct, with in	Laryngoscopy	September 2007	16		AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	000	4.26	2.52	NA	0.59	5072	FALSE			FALSE						TRUE	PE Only
31575	Laryngoscopy, flexible; diagnostic		October 2015	08		AAO-HNS	1.00	MPC List / CMS High E	October 2010	000	0.94	0.95	2.82	0.14	545652	FALSE			FALSE						TRUE	Decrease
31579	Laryngoscopy, flexible or rigi	Laryngoscopy	October 2015	08		AAO-HNS	1.94	CMS Fastest Growing /	October 2008	000	1.88	1.43	3.84	0.25	77628	FALSE			FALSE						TRUE	Decrease
31580	Laryngoplasty; for laryngeal :	Laryngoplasty	January 2016	09		AAO-HNS	14.60	090-Day Global Post-O	April 2014	090	14.6	22.05	NA	2.08	32	FALSE			TRUE	CPT code 31588	October 2015	13	Complete		TRUE	Decrease
31582	Laryngoplasty; for laryngeal :	Laryngoplasty	January 2015	09		AAO-HNS	Deleted from CPT	090-Day Global Post-O	April 2014							FALSE			TRUE	CPT code 31588	October 2015	13	Deleted fron		TRUE	Deleted from CPT
31584	Laryngoplasty; with open rec	Laryngoplasty	January 2016	09		AAO-HNS	20.00	090-Day Global Post-O	April 2014	090	17.58	22.52	NA	2.48	14	FALSE			TRUE	CPT code 31588	October 2015	13	Complete		TRUE	Decrease
31587	Laryngoplasty, cricoid split, v	Laryngoplasty	January 2016	09		AAO-HNS	15.27	090-Day Global Post-O	April 2014	090	15.27	18.93	NA	2.16	9	FALSE			TRUE	CPT code 31588	October 2015	13	Complete		TRUE	Decrease
31588	Laryngoplasty, not otherwise	Laryngoplasty	January 2016	09		AAO-HNS	Deleted from CPT	090-Day Global Post-O	January 2014							FALSE			TRUE	CPT code 31588	October 2015	13	Deleted fron		TRUE	Deleted from CPT
31591	Laryngoplasty, medialization	Laryngoplasty	January 2016	09		AAOHNS	15.60	090-Day Global Post-O	October 2015	090	13.56	17.69	NA	1.94	934	FALSE			FALSE		October 2015	13	Complete		TRUE	Decrease
31592	Cricotracheal resection	Laryngoplasty	January 2016	09		AAOHNS	25.00	090-Day Global Post-O	October 2015	090	25	23.52	NA	3.57	26	FALSE			FALSE		October 2015	13	Complete		TRUE	Decrease
31600	Tracheostomy, planned (sep	Tracheostomy	April 2016	21		AAOHNS	5.56	CMS High Expenditure	July 2015	000	5.56	2.44	NA	1.06	24508	FALSE			FALSE						TRUE	Increase
31601	Tracheostomy, planned (sep	Tracheostomy	April 2016	21		AAOHNS	8.00	CMS High Expenditure	July 2015	000	8	4.24	NA	1.13	2	FALSE			FALSE						TRUE	Increase
31603	Tracheostomy, emergency p	Tracheostomy	April 2016	21		AAOHNS	6.00	CMS High Expenditure	July 2015	000	6	2.41	NA	1.10	672	FALSE			FALSE						TRUE	Increase
31605	Tracheostomy, emergency p	Tracheostomy	April 2016	21		AAOHNS	6.45	CMS High Expenditure	July 2015	000	6.45	2.12	NA	1.28	243	FALSE			FALSE						TRUE	Increase
31610	Tracheostomy, fenestration (	Tracheostomy	October 2016	15	RUC	AAOHNS,	12.00	CMS High Expenditure	July 2015	090	12	15.06	NA	1.81	1281	FALSE			FALSE						TRUE	Increase
31611	Construction of tracheoesop	Speech Prosthesis	February 2008	S		AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	6	9.31	NA	0.86	698	FALSE			FALSE						TRUE	PE Only
31620	Endobronchial ultrasound (E	Endobronchial Ultrasoun	January 2015	05		ACCP, ATS	Deleted from CPT	High Volume Growth2	April 2013							FALSE			TRUE	In January 2014,	October 2014	10	Complete		TRUE	Deleted from CPT
31622	Bronchoscopy, rigid or flexib	Bronchial Aspiration of Tr	January 2015	05		ACCP, ATS	2.78	High Volume Growth2	April 2013	000	2.53	1.03	4.57	0.29	37398	FALSE			FALSE		October 2014	10	Complete		TRUE	Maintain
31623	Bronchoscopy, rigid or flexib	Diagnostic Bronchoscopy	October 2017	09		ATS, CHES	2.63	High Volume Growth4	October 2016	000	2.63	0.99	5.33	0.22	16722	FALSE			FALSE						TRUE	Maintain
31624	Bronchoscopy, rigid or flexib	Diagnostic Bronchoscopy	October 2017	09		ATS, CHES	2.63	High Volume Growth4	October 2017	000	2.63	1.03	4.72	0.25	91471	FALSE			FALSE						TRUE	Maintain
31625	Bronchoscopy, rigid or flexib	Endobronchial Ultrasoun	January 2015	05		ATS, CHES	3.36	High Volume Growth2	April 2013	000	3.11	1.14	7.01	0.29	14232	FALSE			FALSE		October 2014	10	Complete		TRUE	Maintain
31626	Bronchoscopy, rigid or flexib	Endobronchial Ultrasoun	January 2015	05		ACCP, ATS	4.16	High Volume Growth2	April 2013	000	3.91	1.38	19.28	0.44	2033	FALSE			FALSE		October 2014	10	Complete		TRUE	Maintain
31628	Bronchoscopy, rigid or flexib	Endobronchial Ultrasoun	January 2015	05		ACCP, ATS	3.80	High Volume Growth2	April 2013	000	3.55	1.27	7.25	0.30	27375	FALSE			FALSE		October 2014	10	Complete		TRUE	Maintain
31629	Bronchoscopy, rigid or flexib	Endobronchial Ultrasoun	January 2015	05		ACCP, ATS	4.00	High Volume Growth2	April 2013	000	3.75	1.33	9.43	0.35	14059	FALSE			FALSE		October 2014	10	Complete		TRUE	Decrease
31632	Bronchoscopy, rigid or flexib	Endobronchial Ultrasoun	January 2015	05		ACCP, ATS	1.03	High Volume Growth2	April 2013	ZZZ	1.03	0.31	0.79	0.10	3750	FALSE			FALSE						TRUE	Maintain
31633	Bronchoscopy, rigid or flexib	Endobronchial Ultrasoun	January 2015	05		ACCP, ATS	1.32	High Volume Growth2	April 2013	ZZZ	1.32	0.39	0.93	0.12	991	FALSE			FALSE						TRUE	Maintain
31645	Bronchoscopy, rigid or flexib	Bronchial Aspiration of Tr	October 2016	08	RUC	ATS, CHES	2.88	Harvard Valued - Utiliz	October 2015	000	2.88	1.13	4.98	0.27	30095	FALSE			FALSE		May 2016	14	Complete		TRUE	Decrease
31646	Bronchoscopy, rigid or flexib	Bronchial Aspiration of Tr	October 2016	08	RUC	ATS, CHES	2.78	Harvard Valued - Utiliz	October 2015	000	2.78	1.09	NA	0.26	3677	FALSE			FALSE		May 2016	14	Complete		TRUE	Increase
31652	Bronchoscopy, rigid or flexib	Endobronchial Ultrasoun	January 2015	05		ATS, ACCP	5.00	High Volume Growth2	October 2014	000	4.46	1.55	32.84	0.42	23016	FALSE			FALSE		October 2014	10	Complete		TRUE	Decrease
31653	Bronchoscopy, rigid or flexib	Endobronchial Ultrasoun	January 2015	05		ATS, ACCP	5.50	High Volume Growth2	October 2014	000	4.96	1.70	33.78	0.47	13844	FALSE			FALSE		October 2014	10	Complete		TRUE	Decrease
31654	Bronchoscopy, rigid or flexib	Bronchial Aspiration of Tr	January 2015	05		ATS, ACCP	1.70	High Volume Growth2	October 2014	ZZZ	1.4	0.42	2.06	0.12	9856	FALSE			FALSE		October 2014	10	Complete		TRUE	Decrease
32201	Pneumonostomy; with perc	Drainage of Abscess	January 2013	04			Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	06	Complete		TRUE	Deleted from CPT
32405	Biopsy, lung or mediastinum	Lung Biopsy-CT Guidance	April 2019	05		ACR, SIR	Deleted from CPT	Codes Reported Togetl	October 2017							FALSE			TRUE	In October 2017	February 2019	11	complete		TRUE	Deleted from CPT
32408	Core needle biopsy, lung or	Lung Biopsy-CT Guidance	April 2019	05		ACR, SIR	4.00	Codes Reported Togetl	April 2019	000	3.18	0.99	22.45	0.30	58727	FALSE			FALSE						TRUE	Increase
32420	Pneumocentesis, puncture o	Thoracentesis with Tube I	September 2011	17		ACCP, ACF	Deleted from CPT	Harvard Valued - Utiliz	September 2011							FALSE			TRUE	In September 2(	February 2012	10	Complete		TRUE	Deleted from CPT
32421	Thoracentesis, puncture of p	Thoracentesis with Tube I	September 2011	17		ACCP, ACF	Deleted from CPT	Harvard Valued - Utiliz	September 2011							FALSE			TRUE	In September 2(	February 2012	10	Complete		TRUE	Deleted from CPT
32422	Thoracentesis with insertion	Thoracentesis with Tube I	September 2011	17		ACCP, ACF	Deleted from CPT	Harvard Valued - Utiliz	April 2011							FALSE			TRUE	In September 2(	February 2012	10	Complete		TRUE	Deleted from CPT
32440	Removal of lung, pneumone	RAW Review	January 2013	34		ACCP, ATS	No reliable way to det	CMS Request to Re-Re	November 2011	090	27.28	12.36	NA	6.50	143	FALSE			FALSE						TRUE	Remove from Screen
32480	Removal of lung, other than	RAW Review	January 2013	34		ACCP, ATS	No reliable way to det	CMS Request to Re-Re	November 2011	090	25.82	11.62	NA	6.10	2971	FALSE			FALSE						TRUE	Remove from Screen
32482	Removal of lung, other than	RAW Review	January 2013	34		ACCP, ATS	No reliable way to det	CMS Request to Re-Re	November 2011	090	27.44	12.59	NA	6.50	203	FALSE			FALSE						TRUE	Remove from Screen
32491	Removal of lung, other than	RAW Review	January 2012	30		ACCP, ATS	Request further inforr	CMS Request to Re-Re	November 2011	090	25.24	12.07	NA	6.06	13	FALSE			FALSE						TRUE	Remove from Screen
32551	Tube thoracostomy, includes	Chest Tube Thoracostomy	April 2012	10		ACCP, ATS	3.50	Harvard Valued - Utiliz	April 2011	000	3.04	1.01	NA	0.53	35767	FALSE			TRUE	In September 2(	February 2012	09	Complete		TRUE	Increase
32554	Thoracentesis, needle or cat	Chest Tube Interventions	October 2012	04		ACCP, ACF	1.82	Harvard Valued - Utiliz	October 2012	000	1.82	0.58	5.01	0.20	10084	FALSE			FALSE		February 2012	10	Complete		TRUE	Decrease
32555	Thoracentesis, needle or cat	Chest Tube Interventions	October 2012	04		ACCP, ACF	2.27	Harvard Valued - Utiliz	October 2012	000	2.27	0.74	7.02	0.20	207406	FALSE			FALSE		February 2012	10	Complete		TRUE	Decrease
32556	Pleural drainage, percutanec	Chest Tube Interventions	October 2012	04		ACCP, ACF	2.50	Harvard Valued - Utiliz	October 2012	000	2.5	0.80	19.48	0.35	5041	FALSE			FALSE		February 2012	10	Complete		TRUE	Decrease
32557	Pleural drainage, percutanec	Chest Tube Interventions	October 2012	04		ACCP, ACF	3.62	Harvard Valued - Utiliz	October 2012	000	3.12	0.96	16.65	0.30	34801	FALSE			FALSE		February 2012	10	Complete		TRUE	Decrease
32663	Thoracoscopy, surgical; with	RAW review	January 2013	34		STS	No reliable way to det	CMS Fastest Growing	October 2008	090	24.64	10.58	NA	5.90	8161	FALSE			FALSE						TRUE	Remove from Screen
33010	Pericardiocentesis; initial	Pericardiocentesis and Pe	January 2019	04			Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	14	Complete		TRUE	Deleted from CPT
33011	Pericardiocentesis; subseque	Pericardiocentesis and Pe	January 2019	04			Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	14	Complete		TRUE	Deleted from CPT
33015	Tube pericardiostomy	Pericardiocentesis and Pe	January 2019	04		ACC	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	A RUC member i	September 2018	14	Complete		TRUE	Deleted from CPT
33016	Pericardiocentesis, including	Pericardiocentesis and Pe	January 2019	04			5.00	Negative IWPUT	September 2018	000	4.4	1.52	NA	0.94	4359	FALSE			FALSE		September 2018	14	Complete		TRUE	Increase
33017	Pericardial drainage with ins	Pericardiocentesis and Pe	January 2019	04			5.50	Negative IWPUT	September 2018	000	4.62	1.60	NA	0.98	3366	FALSE			FALSE		September 2018	14	Complete		TRUE	Increase
33018	Pericardial drainage with ins	Pericardiocentesis and Pe	January 2019	04			6.00	Negative IWPUT	September 2018	000	5.4	1.84	NA	1.21	6	FALSE			FALSE		September 2018	14	Complete		TRUE	Increase
33019	Pericardial drainage with ins	Pericardiocentesis and Pe	January 2019	04			5.00	Negative IWPUT	September 2018	000	4.29	1.39	NA	0.53	273	FALSE			FALSE		September 2018	14	Complete		TRUE	Increase
33020	Pericardiotomy for removal	Pericardiotomy	April 2018	10		AATS, STS	14.31	Negative IWPUT	April 2018	090	14.31	6.64	NA	3.37	147	FALSE			TRUE	In April 2018, th	May 2018	EC	Yes		TRUE	Decrease
33025	Creation of pericardial wind	Pericardiotomy	April 2018	10		AATS, STS	13.20	Negative IWPUT	April 2017	090	13.2	6.39	NA	3.09	3881	FALSE			TRUE	In April 2018, th	May 2018	EC	Yes		TRUE	Decrease
33207	Insertion of new or replacen	Pacemaker or Pacing Cari	April 2011	10		ACC	8.05	Codes Reported Togetl	February 2010	090	7.8	4.61	NA	1.73	9413	FALSE			TRUE	33213 - This cod	February 2011	13	Complete		TRUE	Maintain
33208	Insertion of new or replacen	Pacemaker or Pacing Cari	April 2011	10		ACC	8.77	Codes Reported Togetl	February 2010	090	8.52	4.90	NA	1.90	91848	FALSE			TRUE	33213 - This cod	February 2011	13	Complete		TRUE	Maintain
33212	Insertion of pacemaker pulse	Pacemaker or Pacing Cari	September 2011	04		ACC	5.26	Codes Reported Togetl	February 2010	090	5.01	3.37	NA	1.13	206	FALSE			TRUE	33213 - This cod	February 2011	13	Complete		TRUE	Decrease
33213	Insertion of pacemaker pulse	Pacemaker or Pacing Cari	September 2011	04		ACC	5.53	CMS Fastest Growing /	October 2008	090	5.28	3.49	NA	1.18	974	FALSE			TRUE	33213 - This cod	February 2011	13	Complete		TRUE	Decrease
33221	Insertion of pacemaker pulse	Pacemaker or Pacing Cari	September 2011	04		ACC	5.80	Codes Reported Togetl	April 2011	090	5.55	3.88	NA	1.21	223	FALSE			FALSE		February 2011	13			TRUE	Decrease
33227	Removal of permanent pace	Pacemaker or Pacing Cari	September 2011	04		ACC	5.50	Codes Reported Togetl	April 2011	090	5.25	3.62	NA	1.17	2926	FALSE			FALSE		February 2011	13			TRUE	Decrease
33228	Removal of permanent pace	Pacemaker or Pacing Cari	September 2011	04		ACC	5.77	Codes Reported Togetl	April 2011	090	5.52	3.75	NA	1.21	30687	FALSE			FALSE		February 2011	13			TRUE	Decrease
33229	Removal of permanent pace	Pacemaker or Pacing Cari	September 2011	04		ACC	6.04	Codes Reported Togetl	April 2011	090	5.79	4.01	NA	1.28	6002	FALSE			FALSE		February 2011	13			TRUE	Decrease
33230	Insertion of implantable defi	Pacemaker or Pacing Cari	September 2011	04		ACC	6.32	Codes Reported Togetl	April 2011	090	6.07	3.95	NA	1.32	97	FALSE			FALSE		February 2011	13			TRUE	Decrease
33231	Insertion of implantable defi	Pacemaker or Pacing Cari	September 2011	04		ACC	6.59	Codes Reported Togetl	April 2011	090	6.34	4.11	NA	1.37	94	FALSE			FALSE		February 2011	13			TRUE	Decrease

33233	Removal of permanent pace	Pacemaker or Pacing Cari	April 2011	10			ACC	3.39	Codes Reported Togetl	February 2010	090	3.14	3.09	NA	0.71	7684	FALSE			TRUE	33213 - This cod	February 2011	13	Complete	TRUE	Maintain
33240	Insertion of implantable defi	Pacemaker or Pacing Cari	September 2011	04			ACC	6.06	Codes Reported Togetl	February 2010	090	5.8	3.73	NA	1.30	137	FALSE			TRUE	33213 - This cod	February 2011	13	Complete	TRUE	Decrease
33241	Removal of implantable defi	Pacemaker or Pacing Cari	April 2011	10			ACC	3.29	Codes Reported Togetl	February 2010	090	3.04	2.66	NA	0.67	5020	FALSE			TRUE	33213 - This cod	February 2011	13	Complete	TRUE	Maintain
33249	Insertion or replacement of	Pacemaker or Pacing Cari	April 2011	10			ACC	15.17	Codes Reported Togetl	February 2010	090	14.92	8.77	NA	3.31	32852	FALSE			TRUE	33213 - This cod	February 2011	13	Complete	TRUE	Maintain
33262	Removal of implantable defi	Pacemaker or Pacing Cari	September 2011	04			ACC	6.06	Codes Reported Togetl	April 2011	090	5.81	3.94	NA	1.29	2438	FALSE			FALSE		February 2011	13		TRUE	Decrease
33263	Removal of implantable defi	Pacemaker or Pacing Cari	September 2011	04			ACC	6.33	Codes Reported Togetl	April 2011	090	6.08	4.04	NA	1.34	6255	FALSE			FALSE		February 2011	13		TRUE	Decrease
33264	Removal of implantable defi	Pacemaker or Pacing Cari	September 2011	04			ACC	6.60	Codes Reported Togetl	April 2011	090	6.35	4.21	NA	1.39	12407	FALSE			FALSE		February 2011	13		TRUE	Decrease
33274	Transcatheter insertion or re	RAW	April 2023	15	September 2023	RUC		Survey	Site of Service Anomal	April 2023	090	7.8	4.65	NA	1.73	12054	FALSE			FALSE					FALSE	
33282	Implantation of patient-activ	Implantation and Remova	April 2013	20				3.50	CMS Request - Final Rt	October 2012							FALSE			FALSE		February 2017	12	yes	TRUE	Deleted from CPT
33284	Removal of an implantable,	Implantation and Remova	April 2013	20				3.00	CMS Request - Final Rt	October 2012							FALSE			FALSE		February 2017	12	yes	TRUE	Deleted from CPT
33405	Replacement, aortic valve, o	Valve Replacement and C	April 2012	40			STS	41.32	CMS High Expenditure	September 2011	090	41.32	15.59	NA	9.62	12360	FALSE			FALSE					TRUE	Maintain
33430	Replacement, mitral valve, w	Valve Replacement and C	April 2012	40			STS	50.93	High IWPUT / CMS Hig	February 2008	090	50.93	19.32	NA	11.83	6313	FALSE			FALSE					TRUE	Maintain
33533	Coronary artery bypass, usin	Valve Replacement and C	April 2012	40			STS	34.98	CMS High Expenditure	September 2011	090	33.75	13.26	NA	7.89	47131	FALSE			FALSE					TRUE	Increase
33620	Application of right and left	New Technology Review	January 2019	37			STS	CPT Article published J	New Technology/New	January 2015	090	30	11.13	NA	7.22	93	TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33621	Transthoracic insertion of ca	New Technology Review	January 2019	37			STS	CPT Article published J	New Technology/New	January 2015	090	16.18	7.27	NA	3.88	1	TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33622	Reconstruction of complex c	New Technology Review	January 2019	37			STS	CPT Article published J	New Technology/New	January 2015	090	64	21.01	NA	15.39	2	TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33741	Transcatheter atrial septosto	Atrial Septostomy	January 2020	13				14.00	CMS Request - Final Rt	September 2019	000	14	4.77	NA	3.17	61	FALSE			FALSE		September 2019	16	yes	TRUE	Maintain
33745	Transcatheter intracardiac sh	Atrial Septostomy	January 2020	13				20.00	CMS Request - Final Rt	September 2019	000	20	6.82	NA	4.51	6	FALSE			FALSE		September 2019	16	yes	TRUE	Maintain
33746	Transcatheter intracardiac sh	Atrial Septostomy	January 2020	13				10.50	CMS Request - Final Rt	September 2019	ZZZ	8	2.73	NA	1.79		FALSE			FALSE		September 2019	16	yes	TRUE	Maintain
33863	Ascending aorta graft, with c	Aortic Graft	February 2008	S			STS, AATS	Remove from screen	High IWPUT	February 2008	090	58.79	19.50	NA	13.68	1778	FALSE			FALSE					TRUE	Remove from Screen
33945	Heart transplant, with or wit	ECMO-ECLS	April 2014	11			STS, AAP,	16.00	CMS Request - Final Rt	November 2014	090	89.5	32.10	NA	20.83	707	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33946	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	6.00	CMS Request - Final Rt	November 2014	XXX	6	1.81	NA	1.24	528	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33947	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	6.63	CMS Request - Final Rt	November 2013	XXX	6.63	1.99	NA	1.39	1277	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33948	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	4.73	CMS Request - Final Rt	November 2013	XXX	4.73	1.44	NA	0.79	7608	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33949	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	4.60	CMS Request - Final Rt	November 2013	XXX	4.6	1.40	NA	0.75	5339	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33951	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	8.15	CMS Request - Final Rt	November 2013	000	8.15	2.35	NA	1.85		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33952	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	8.43	CMS Request - Final Rt	November 2013	000	8.15	2.54	NA	1.79	1382	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33953	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	9.83	CMS Request - Final Rt	November 2013	000	9.11	2.61	NA	2.05	1	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33954	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	9.43	CMS Request - Final Rt	November 2014	000	9.11	2.69	NA	2.08	235	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33956	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	16.00	CMS Request - Final Rt	November 2014	000	16	4.65	NA	3.75	387	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33957	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	4.00	CMS Request - Final Rt	November 2014	000	3.51	1.07	NA	0.79		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33958	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	4.05	CMS Request - Final Rt	November 2014	000	3.51	1.07	NA	0.79	74	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33959	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	4.69	CMS Request - Final Rt	November 2014	000	4.47	1.33	NA	1.00		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33960	Prolonged extracorporeal cir	ECMO-ECLS	April 2014	11			STS, AAP,	Deleted from CPT	CMS Request - Final Rt	July 2013							FALSE			TRUE	October 2013 th	February 2014	23	Complete	TRUE	Deleted from CPT
33961	Prolonged extracorporeal cir	ECMO-ECLS	April 2014	11			STS, AAP,	Deleted from CPT	CMS Request - Final Rt	July 2013							FALSE			TRUE	October 2013 th	February 2014	23	Complete	TRUE	Deleted from CPT
33962	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	4.73	CMS Request - Final Rt	November 2014	000	4.47	1.33	NA	1.00	18	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33963	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	9.00	CMS Request - Final Rt	November 2014	000	9	2.58	NA	2.02		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33964	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	9.50	CMS Request - Final Rt	November 2014	000	9.5	2.72	NA	2.14	10	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33965	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	3.51	CMS Request - Final Rt	November 2014	000	3.51	1.07	NA	0.79		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33966	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	4.50	CMS Request - Final Rt	November 2014	000	4.5	1.42	NA	0.97	434	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33969	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	6.00	CMS Request - Final Rt	November 2014	000	5.22	1.54	NA	1.18		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33984	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	6.38	CMS Request - Final Rt	November 2014	000	5.46	1.55	NA	1.28	431	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33985	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	9.89	CMS Request - Final Rt	November 2014	000	9.89	2.83	NA	2.24		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33986	Extracorporeal membrane o	ECMO-ECLS	April 2014	11			STS, AAP,	10.00	CMS Request - Final Rt	November 2014	000	10	2.97	NA	2.32	208	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33987	Arterial exposure with creati	ECMO-ECLS	April 2014	11			STS, AAP,	4.08	CMS Request - Final Rt	November 2014	ZZZ	4.04	1.10	NA	0.91	48	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33988	Insertion of left heart vent b	ECMO-ECLS	April 2014	11			STS, AAP,	15.00	CMS Request - Final Rt	November 2014	000	15	4.23	NA	3.37	34	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33989	Removal of left heart vent by	ECMO-ECLS	April 2014	11			STS, AAP,	9.50	CMS Request - Final Rt	November 2013	000	9.5	2.72	NA	2.14	17	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
34701	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	23.71	Codes Reported Togetl	January 2017	090	23.71	6.85	NA	5.52	657	FALSE			FALSE					TRUE	Decrease
34702	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	36.00	Codes Reported Togetl	January 2017	090	36	9.32	NA	8.51	76	FALSE			FALSE					TRUE	Decrease
34703	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	26.52	Codes Reported Togetl	January 2017	090	26.52	7.30	NA	6.30	673	FALSE			FALSE					TRUE	Decrease
34704	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	45.00	Codes Reported Togetl	January 2017	090	45	11.15	NA	10.60	96	FALSE			FALSE					TRUE	Decrease
34705	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	29.58	Codes Reported Togetl	January 2017	090	29.58	7.97	NA	6.95	10394	FALSE			FALSE					TRUE	Decrease
34706	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	45.00	Codes Reported Togetl	January 2017	090	45	10.60	NA	10.70	545	FALSE			FALSE					TRUE	Decrease
34707	Endovascular repair of iliac a	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	22.28	Codes Reported Togetl	January 2017	090	22.28	6.53	NA	5.21	424	FALSE			FALSE					TRUE	Decrease
34708	Endovascular repair of iliac a	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	36.50	Codes Reported Togetl	January 2017	090	36.5	7.59	NA	8.86	72	FALSE			FALSE					TRUE	Decrease
34709	Placement of extension pros	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	6.50	Codes Reported Togetl	January 2017	ZZZ	6.5	1.35	NA	1.54	2426	FALSE			FALSE					TRUE	Decrease
34710	Delayed placement of distal	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	15.00	Codes Reported Togetl	January 2017	090	15	4.68	NA	3.51	1068	FALSE			FALSE					TRUE	Decrease
34711	Delayed placement of distal	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	6.00	Codes Reported Togetl	January 2017	ZZZ	6	1.16	NA	1.40	306	FALSE			FALSE					TRUE	Decrease
34712	Transcatheter delivery of en	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	12.00	Codes Reported Togetl	January 2017	090	12	4.37	NA	2.80	838	FALSE			FALSE					TRUE	Decrease
34713	Percutaneous access and clo	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	2.50	Codes Reported Togetl	January 2017	ZZZ	2.5	0.50	NA	0.59	14992	FALSE			FALSE					TRUE	Decrease
34714	Open femoral artery exposu	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	5.25	Codes Reported Togetl	January 2017	ZZZ	5.25	1.36	NA	1.24	503	FALSE			FALSE					TRUE	Decrease
34715	Open axillary/subclavian arte	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	6.00	Codes Reported Togetl	January 2017	ZZZ	6	1.27	NA	1.45	201	FALSE			FALSE					TRUE	Decrease
34716	Open axillary/subclavian arte	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	7.19	Codes Reported Togetl	January 2017	ZZZ	7.19	1.99	NA	1.67	1218	FALSE			FALSE					TRUE	Decrease
34800	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			AAOHNS	Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
34802	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Pre-Time Analysis / Co	January 2014							FALSE			TRUE	Referred to CPT	September 2016		yes	TRUE	Deleted from CPT
34803	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
34804	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
34805	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Codes Reported Togetl	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
34806	Transcatheter placement of	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Codes Reported Togetl	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
34812	Open femoral artery exposu	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	4.13	Pre-Time Analysis	January 2014	ZZZ	4.13	0.88	NA	0.98	5856	FALSE			TRUE	Referred to CPT	September 2016	27	yes	TRUE	Decrease
34820	Open iliac artery exposure fc	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	7.00	Codes Reported Togetl	January 2017	ZZZ	7	1.10	NA	1.69	68	FALSE			FALSE					TRUE	Decrease
34825	Placement of proximal or dis	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Pre-Time Analysis / Co	January 2014							FALSE			TRUE	Referred to CPT	September 2016	27	yes	TRUE	Deleted from CPT
34826	Placement of proximal or dis	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Codes Reported Togetl	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
34833	Open iliac artery exposure w	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	8.16	Codes Reported Togetl	January 2017	ZZZ	8.16	1.28	NA	1.97	26	FALSE			FALSE					TRUE	Decrease
34834	Open brachial artery exposu	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	2.65	Codes Reported Togetl	January 2017	ZZZ	2.65	0.47	NA	0.65	397	FALSE			FALSE					TRUE	Decrease
34900	Endovascular repair of iliac a	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Codes Reported Togetl	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
35301	Thromboendarterectomy, in	Thromboendarterectomy	January 2013	21			SVS	21.16	CMS High Expenditure	September 2011	090	21.16	6.64	NA	5.21	25815	FALSE			FALSE					TRUE	Increase
35450	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
35452	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
35454	Deleted from CPT	Endovascular Revasculari	April 2010	07			ACC, ACR,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07		TRUE	Deleted from CPT
35456	Deleted from CPT	Endovascular Revasculari	April 2010	07			ACC, ACR,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07		TRUE	Deleted from CPT
35458	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
35459	Deleted from CPT	Endovascular Revasculari	April 2010	07			ACC, ACR,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07		TRUE	Deleted from CPT
35460	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
35470	Deleted from CPT	Endovascular Revasculari	April 2010	07			ACC, ACR,	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The code is part	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT
35471	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	Deleted from CPT	CMS Fastest Growing /	October 2009							FALSE			TRUE	In January 2015,	October 2015		Deleted fron	TRUE	Deleted from CPT
35472	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	Deleted from CPT	CMS Fastest Growing /	October 2009							FALSE			TRUE	The code is part	Removed from CPT referra		Complete	TRUE	Deleted from CPT
35473	Deleted from CPT	Endovascular Revasculari	April 2010	07			ACC, ACR,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			TRUE	The code is part	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT
35474	Deleted from CPT	Endovascular Revasculari	April 2010	07			ACC, ACR,	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The code is part	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT
35475	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15			ACR, SIR, S	Deleted from CPT	CMS Fastest Growing /	September 2011							FALSE			TRUE	In January 2015,	October 2015		Deleted fron	TRUE	Deleted from CPT
35476	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	Deleted from CPT	CMS Fastest Growing /	September 2011							FALSE			TRUE	In January 2015,	October 2015		Deleted fron	TRUE	Deleted from CPT
35490	Deleted from CPT	Endovascular Revasculari	April 2010	07			SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT
35491	Deleted from CPT	Endovascular Revasculari	April 2010	07			SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT
35492	Deleted from CPT	Endovascular Revasculari	April 2010	07			SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT
35493	Deleted from CPT	Endovascular Revasculari	April 2010	07			SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Deleted- Ne	TRUE	Deleted from CPT

35494	Deleted from CPT	Endovascular Revasculari:	April 2010	07			SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
35495	Deleted from CPT	Endovascular Revasculari:	April 2010	07			SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
35701	Exploration not followed by	Exploration of Artery	January 2019	06			ACS, SVS	7.50	Negative IWPUT	January 2018	090	7.5	4.28	NA	1.28	709	FALSE			TRUE	The RUC identifi	September 2018	17	Complete	TRUE	Decrease
35702	Exploration not followed by	Exploration of Artery	January 2019	06				7.12	Negative IWPUT	September 2018	090	7.12	3.40	NA	1.60	408	FALSE			FALSE		September 2018	17	Complete	TRUE	Decrease
35703	Exploration not followed by	Exploration of Artery	January 2019	06				7.50	Negative IWPUT	September 2018	090	7.5	3.00	NA	1.74	600	FALSE			FALSE		September 2018	17	Complete	TRUE	Decrease
35721	Exploration (not followed by	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE			TRUE	The RUC identifi	September 2018	17	Complete	TRUE	Deleted from CPT
35741	Exploration (not followed by	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE			TRUE	The RUC identifi	September 2018	17	Complete	TRUE	Deleted from CPT
35761	Exploration (not followed by	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	The RUC identifi	September 2018	17	Complete	TRUE	Deleted from CPT
36000	Introduction of needle or int	Introduction of Needle or	April 2010	45			ACC, AUR,	CMS consider a bundle	Harvard Valued - Utiliz	October 2009	XXX	0.18	0.07	0.71	0.02		FALSE			TRUE	The specialty societies indicated they could			Complete	TRUE	Maintain
36010	Introduction of catheter, sup	Introduction of Catheter	October 2013	18			ACR, SIR, S	Remove from re-reviev	Codes Reported Togetl	February 2010	XXX	2.18	0.60	13.73	0.38	13444	FALSE			FALSE		February 2011	15		TRUE	Remove from Screen
36140	Introduction of needle or int	Introduction of Needle or	October 2013	18			SVS, SIR, A	Remove from re-reviev	Harvard Valued - Utiliz	April 2011	XXX	1.76	0.49	13.23	0.35	17255	FALSE			FALSE					TRUE	Remove from Screen
36145	Deleted from CPT	Arteriovenous Shunt Imag	April 2009	9				Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	February 2009	31	Code Delete	TRUE	Deleted from CPT
36147	Introduction of needle and/c	Dialysis Circuit -1	January 2016	14			ACR, RPA,	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			FALSE		October 2008	27	Complete	TRUE	Deleted from CPT
36148	Introduction of needle and/c	Dialysis Circuit -1	January 2016	14			ACR, RPA,	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			FALSE		October 2008	27	Complete	TRUE	Deleted from CPT
36215	Selective catheter placemen	Selective Catheter Placem	April 2016	23			ACR, RPA,	4.17	Codes Reported Togetl	February 2010	000	4.17	1.45	26.35	0.58	35641	FALSE			TRUE	The Workgroup recommends the specialtie			Complete	TRUE	Decrease
36216	Selective catheter placemen	Selective Catheter Placem	April 2016	23			ACR, SIR, S	5.27	Codes Reported Togetl	February 2010	000	5.27	1.62	25.69	1.01	3582	FALSE			TRUE	The Workgroup recommends the specialtie			Complete	TRUE	Maintain
36217	Selective catheter placemen	Selective Catheter Placem	April 2016	23			ACR, SIR, S	6.29	Harvard Valued - Utiliz	April 2011	000	6.29	2.00	45.90	1.37	3614	FALSE			TRUE	In September 2011, the specialty societies i			Complete	TRUE	Maintain
36218	Selective catheter placemen	Selective Catheter Placem	April 2016	23			ACR, SIR, S	1.01	CMS High Expenditure	July 2015	ZZZ	1.01	0.32	5.04	0.19	1887	FALSE			FALSE					TRUE	Maintain
36221	Non-selective catheter place	Cervicocerebral Angiogra	April 2012	14			AAN, AAN	4.51	Codes Reported Togetl	February 2010	000	3.92	1.06	24.97	0.84	1470	FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Decrease
36222	Selective catheter placemen	Cervicocerebral Angiogra	April 2012	14			AAN, AAN	6.00	Codes Reported Togetl	February 2010	000	5.28	1.81	30.04	1.26	5479	FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Decrease
36223	Selective catheter placemen	Cervicocerebral Angiogra	October 2020	24			AAN, AAN	6.50	Codes Reported Togetl	February 2010	000	5.75	2.31	42.03	1.56	26058	FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Decrease
36224	Selective catheter placemen	Cervicocerebral Angiogra	October 2020	24			AAN, AAN	7.55	Codes Reported Togetl	February 2010	000	6.25	2.74	53.21	1.84	33880	FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Decrease
36225	Selective catheter placemen	Cervicocerebral Angiogra	April 2012	14			AAN, AAN	6.50	Codes Reported Togetl	February 2010	000	5.75	2.23	39.29	1.55	9808	FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Decrease
36226	Selective catheter placemen	Cervicocerebral Angiogra	April 2012	14			AAN, AAN	7.55	Codes Reported Togetl	February 2010	000	6.25	2.71	51.54	1.80	28735	FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Decrease
36227	Selective catheter placemen	Cervicocerebral Angiogra	April 2012	14			AAN, AAN	2.32	Codes Reported Togetl	February 2010	ZZZ	2.09	0.86	4.52	0.59	15752	FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Decrease
36228	Selective catheter placemen	Cervicocerebral Angiogra	April 2012	14			AAN, AAN	4.25	Codes Reported Togetl	February 2010	ZZZ	4.25	1.73	32.30	1.28	2216	FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Decrease
36245	Selective catheter placemen	Selective Catheter Placem	January 2013	22			ACC, ACR,	4.90	Harvard Valued - Utiliz	October 2009	XXX	4.65	1.42	31.96	0.80	33918	FALSE			TRUE	An extensive lov	February 2010 and	07 & C	New code st	TRUE	Decrease
36246	Selective catheter placemen	Vascular Injection Proced	October 2012	27			SVS, SIR, A	5.27	Harvard Valued - Utiliz	February 2010	000	5.02	1.33	19.05	0.98	29820	FALSE			FALSE					TRUE	Maintain
36247	Selective catheter placemen	Vascular Injection Proced	October 2012	27			SVS, SIR, A	7.00	Harvard Valued - Utiliz	February 2010	000	6.04	1.64	35.71	1.02	60496	FALSE			FALSE					TRUE	Increase
36248	Selective catheter placemen	Catheter Placement	October 2009	40			ACR, SIR	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	1.01	0.28	2.38	0.12	27375	FALSE			TRUE	The code is part	February 2010	07	New code st	TRUE	Remove from Screen
36251	Selective catheter placemen	Renal Angiography	April 2011	11			ACR, SIR	5.45	Codes Reported Togetl	February 2011	000	5.1	1.48	32.77	0.90	3041	FALSE			FALSE					TRUE	Decrease
36252	Selective catheter placemen	Renal Angiography	April 2011	11			ACR, SIR	7.38	Codes Reported Togetl	February 2011	000	6.74	2.21	33.54	1.45	5249	FALSE			FALSE					TRUE	Decrease
36253	Superselective catheter plac	Renal Angiography	April 2011	11			ACR, SIR	7.55	Codes Reported Togetl	February 2011	000	7.3	2.13	52.46	0.86	1747	FALSE			FALSE					TRUE	Decrease
36254	Superselective catheter plac	Renal Angiography	April 2011	11			ACR, SIR	8.15	Codes Reported Togetl	February 2011	000	7.9	2.55	50.03	1.65	246	FALSE			FALSE					TRUE	Decrease
36410	Venipuncture, age 3 years or	Venipunture	April 2010	36			ACP	0.18	Harvard Valued - Utiliz	October 2009	XXX	0.18	0.07	0.32	0.02	145136	FALSE			FALSE					TRUE	Maintain
36475	Endovenous ablation therap	Endovenous Ablation	April 2014	38			ACC, ACR,	5.30	High Volume Growth2	April 2013	000	5.3	1.72	26.06	1.11	87983	FALSE			FALSE					TRUE	Decrease
36476	Endovenous ablation therap	Endovenous Ablation	April 2014	38			ACC, ACR,	2.65	High Volume Growth2	October 2013	ZZZ	2.65	0.71	5.30	0.56	5789	FALSE			FALSE					TRUE	Decrease
36478	Endovenous ablation therap	Endovenous Ablation	April 2014	38			ACC, ACR,	5.30	High Volume Growth2	April 2013	000	5.3	1.76	23.11	1.06	34994	FALSE			FALSE					TRUE	Decrease
36479	Endovenous ablation therap	Endovenous Ablation	April 2014	38			ACC, ACR,	2.65	High Volume Growth2	April 2013	ZZZ	2.65	0.77	5.79	0.54	3879	FALSE			FALSE					TRUE	Decrease
36481	Percutaneous portal vein cat	Interventional Radiology I	February 2009	21			ACR, SIR	New PE Inputs	CMS Request - Practice	NA	000	6.73	2.08	45.04	0.72	675	FALSE			FALSE					TRUE	PE Only
36511	Therapeutic apheresis; for w	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assi	CMS Request - Final Ru	January 2017	000	2	1.10	NA	0.12	332	TRUE	May 2018	yes	FALSE		September 2016	30	yes	TRUE	Increase
36512	Therapeutic apheresis; for re	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assi	CMS Request - Final Ru	January 2017	000	2	1.01	NA	0.12	2850	TRUE	May 2018	yes	FALSE		September 2016	30	yes	TRUE	Increase
36513	Therapeutic apheresis; for pl	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assi	CMS Request - Final Ru	January 2017	000	2	0.93	NA	0.19	229	TRUE	May 2018	yes	FALSE		September 2016	30	yes	TRUE	Increase
36514	Therapeutic apheresis; for pl	Therapeutic Apheresis	January 2017	12			CAP, RPA	1.81. Refer to CPT Assi	CMS Request - Final Ru	January 2017	000	1.81	0.79	14.91	0.14	23495	TRUE	May 2018	yes	FALSE		September 2016	30	yes	TRUE	Increase
36515	Therapeutic apheresis; with	Therapeutic Apheresis	January 2017	12			CAP, RPA	Deleted from CPT	CMS Request - Final Ru	January 2017							TRUE	May 2018	yes	FALSE		September 2016	30	yes	TRUE	Deleted from CPT
36516	Therapeutic apheresis; with	Therapeutic Apheresis	January 2017	12			CAP, RPA	1.56. Refer to CPT Assi	CMS Fastest Growing /	October 2008	000	1.56	0.65	50.95	0.30	1064	TRUE	Sep 2009	Yes	TRUE	CPT code 36516	September 2016	30	yes	TRUE	Increase
36522	Photopheresis, extracorpore	Therapeutic Apheresis	January 2017	12			CAP, RPA	1.75. Refer to CPT Assi	CMS Request - Final Ru	January 2017	000	1.75	0.96	38.81	0.12	7845	TRUE	May 2018	yes	FALSE		September 2016	30	yes	TRUE	Increase
36555	Insertion of non-tunneled ce	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.93	CMS High Expenditure	July 2015	000	1.93	0.39	3.58	0.17	25	FALSE			FALSE					TRUE	Decrease
36556	Insertion of non-tunneled ce	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.75	CMS High Expenditure	July 2015	000	1.75	0.51	4.44	0.22	388031	FALSE			FALSE					TRUE	Decrease
36558	Insertion of tunneled central	RAW	April 2023	15	September 2023	RAW		Action Plan	Site of Service Anomal	April 2023	010	4.59	2.41	19.82	0.65	112698	FALSE			FALSE					FALSE	
36568	Insertion of peripherally inse	PICC Line Procedures	September 2022	13			ACR, SIR	2.11	Identified in RUC revie	October 2016	000	2.11	0.35	NA	0.25		FALSE			TRUE	In October 2016	September 2017	16	Complete	TRUE	Decrease
36569	Insertion of peripherally inse	PICC Line Procedures	September 2022	13			ACR, SIR	1.90.	CMS High Expenditure	July 2015	000	1.9	0.59	NA	0.26	10837	FALSE			TRUE	In October 2016	September 2017	16	Complete	TRUE	Decrease
36572	Insertion of peripherally inse	PICC Line Procedures	September 2022	13			ACR, SIR, S	2.00	CMS High Expenditure	September 2017	000	1.82	0.34	9.26	0.22	26	FALSE			FALSE					TRUE	Decrease
36573	Insertion of peripherally inse	PICC Line Procedures	September 2022	13			ACR, SIR, S	1.90	CMS High Expenditure	September 2017	000	1.7	0.59	9.70	0.18	68123	FALSE			FALSE					TRUE	Decrease
36584	Replacement, complete, of a	PICC Line Procedures	September 2022	13			ACR, SIR	1.47	Identified in RUC revie	October 2016	000	1.2	0.40	8.52	0.12	3205	FALSE			TRUE	In October 2016	September 2017	16	Complete	TRUE	Decrease
36620	Arterial catheterization or ca	Insertion of Catheter	April 2018	33			ACR, ASA	1.00	CMS High Expenditure	July 2015	000	1	0.21	NA	0.10	549202	FALSE			FALSE					TRUE	Decrease
36818	Arteriovenous anastomosis,	Arteriovenous Anastomo:	October 2013	10			ACS, SVS	13.00	CMS Request - Final Ru	November 2012	090	12.39	4.81	NA	2.99	3491	FALSE			FALSE					TRUE	Increase
36819	Arteriovenous anastomosis,	Arteriovenous Anastomo:	October 2013	10			ACS, SVS	15.00	CMS Request - Final Ru	November 2012	090	13.29	4.86	NA	3.22	5100	FALSE			FALSE					TRUE	Increase
36820	Arteriovenous anastomosis,	Arteriovenous Anastomo:	October 2013	10			ACS, SVS	13.99	Site of Service Anomal	September 2007	090	13.07	5.00	NA	3.11	993	FALSE			FALSE					TRUE	Decrease
36821	Arteriovenous anastomosis,	Arteriovenous Anastomo:	October 2013	10			ACS, SVS	11.90	Site of Service Anomal	September 2007	090	11.9	4.59	NA	2.87	23830	FALSE			FALSE					TRUE	Decrease
36822	Insertion of cannula(s) for pr	ECMO-ECLS	April 2014	11			STS, AAP,	Deleted from CPT	CMS Request - Final Ru	February 2011							FALSE			TRUE	Added as part of	February 2014	23	Complete	TRUE	Deleted from CPT
36825	Creation of arteriovenous fis	Arteriovenous Anastomo:	October 2013	10			ACS, SVS	15.93	Site of Service Anomal	September 2007	090	14.17	5.63	NA	3.44	1393	FALSE			FALSE					TRUE	Increase
36830	Creation of arteriovenous fis	Arteriovenous Anastomo:	October 2013	10			ACS, SVS	11.90	CMS Request - Final Ru	November 2012	090	12.03	4.59	NA	2.89	14683	FALSE			FALSE					TRUE	Decrease
36834	Deleted from CPT	Aneurysm Repair	September 2007	16			AVA, ACS	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	The RUC referre	February 2009	18	Code Delete	TRUE	Deleted from CPT
36870	Thrombectomy, percutaneou	Dialysis Circuit -1	January 2016	14		RUC	ACR, SIR, S	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	The RUC reviewe	October 2015	27	Complete	TRUE	Deleted from CPT
36901	Introduction of needle(s) and	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	3.36	Codes Reported Togetl	October 2015	000	3.36	1.04	17.35	0.51	48016	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36902	Introduction of needle(s) and	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	4.83	Codes Reported Togetl	October 2015	000	4.83	1.46	30.80	0.69	145675	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36903	Introduction of needle(s) and	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	6.39	Codes Reported Togetl	October 2015	000	6.39	1.80	121.63	0.98	14972	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36904	Percutaneous transluminal n	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	7.50	Codes Reported Togetl	October 2015	000	7.5	2.15	45.92	1.08	2803	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36905	Percutaneous transluminal n	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	9.00	Codes Reported Togetl	October 2015	000	9	2.69	58.42	1.21	28025	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36906	Percutaneous transluminal n	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	10.42	Codes Reported Togetl	October 2015	000	10.42	2.97	151.66	1.48	10192	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36907	Transluminal balloon angiop	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	3.00	Codes Reported Togetl	October 2015	ZZZ	3	0.82	14.32	0.44	51014	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36908	Transcatheter placement of	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	4.25	Codes Reported Togetl	October 2015	ZZZ	4.25	1.09	37.75	0.67	3740	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36909	Dialysis circuit permanent va	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA,	4.12	Codes Reported Togetl	October 2015	ZZZ	4.12	1.09	52.90	0.65	4288	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
37183	Revision of transvenous intra	Interventional Radiology I	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice	NA	000	7.74	2.38	168.49	0.79	832	FALSE			FALSE					TRUE	PE Only
37191	Insertion of intravascular ver	IVC Transcatheter Proced	April 2011	12			ACR, SIR, S	4.71	Codes Reported Togetl	February 2011	000	4.46	1.36	56.27	0.64	22544	FALSE			FALSE		February 2011	15		TRUE	Decrease
37192	Repositioning of intravascula	IVC Transcatheter Proced	April 2011	12			ACR, SIR, S	8.00	Codes Reported Togetl	February 2011	000	7.1	1.20	29.62	1.72	22	FALSE			FALSE		February 2011	15		TRUE	Decrease
37193	Retrieval (removal) of intrava	IVC Transcatheter Proced	April 2011	12			ACR, SIR, S	8.00	Codes Reported Togetl	February 2011	000	7.1	1.99	37.06	1.00	6002	FALSE			FALSE		February 2011	15		TRUE	Decrease
37201	Transcatheter therapy, infus	Bundle Thrombolysis	April 2012	15			ACR, SIR, S	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	October 2011	18	Complete	TRUE	Deleted from CPT
37203	Transcatheter retrieval, perc	Transcatheter Procedures	September 2011	07			ACC, ACR,	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	June 2011		Complete	TRUE	Deleted from CPT
37204	Transcatheter occlusion or e	Embolization and Occlusi	April 2013	08			ACC, ACR,	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	In February 201(	February 2013	09	Complete	TRUE	Deleted from CPT
37205	Transcatheter placement of	Endovascular Revasculari:	April 2010	07			SVS, ACS, !	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 201(	February 2013	10	Complete	TRUE	Deleted from CPT
37206	Transcatheter placement of	Endovascular Revasculari:	April 2010	07			SVS, ACS, !	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 201(	February 2013	10	Complete	TRUE	Deleted from CPT
37207	Transcatheter placement of	Endovascular Revasculari:	April 2010	07			SVS, ACS, !	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 201(	February 2013	10	Complete	TRUE	Deleted from CPT
37208	Transcatheter placement of	Endovascular Revasculari:	April 2010	07			SVS, ACS, !	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 201(	February 2013	10	Complete	TRUE	Deleted from CPT
37209	Exchange of a previously pla	Bundle Thrombolysis	April 2012	15			ACR, SIR, S	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	October 2011	18	Complete	TRUE	Deleted from CPT
37210	Uterine fibroid embolization	Embolization and Occlusi	April 2013	08			ACR, SIR, S	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE		February 2013	09	Complete	TRUE	Deleted from CPT
37211	Transcatheter therapy, arter	Bundle Thrombolysis	April 2012	15			ACR, SIR, S	8.00	Codes Reported Togetl	February 2010	000	7.75	2.10	NA	1.39	8940	FALSE			FALSE					TRUE	Decrease
37212	Transcatheter therapy, veno	Bundle Thrombolysis	April 2012	15			ACR, SIR, S	7.06	Codes Reported Togetl	February 2010	000	6.81	1.89	NA	1.13	1794	FALSE			FALSE					TRUE	Decrease
37213	Transcatheter therapy, arter	Bundle Thrombolysis	April 2012	15			ACR, SIR, S	5.00	Codes Reported Togetl	February 2010	000	4.75	1.18	NA	0.79	1435	FALSE			FALSE					TRUE	Decrease
37214	Transcatheter therapy, arter	Bundle Thrombolysis	April 2012	15			ACR, SIR, S	3.04	Codes Reported Togetl	February 2010	000	2.49	0.64	NA	0.43	4081	FALSE			FALSE					TRUE	Decrease
37220	Revascularization, endovascu	Endovascular Revasculari:	April 2022	16	April 2024	RUC	SVS, ACS, !	Refer to CPT. 8.15	High Volume Growth1	February 2010	000	7.9	2.02	65.92	1.72	11391	FALSE			TRUE	In October 2018	February 2024			TRUE	Decrease
37221	Revascularization, endovascu	Endovascular Revasculari:	April 2022	16	April 2024	RUC	SVS, ACS, !	Refer to CPT. 10.00	High Volume Growth1	February 2010	000	9.75	2.43	81.05	2.15	29005	FALSE			TRUE	In October 2018	February 2024			FALSE	Decrease
37222	Revascularization, endovascu	Endovascular Revasculari:	April 2022	16	April 2024	RUC	SVS, ACS, !	Refer to CPT. 3.73	High Volume Growth1	February 2010	ZZZ	3.73	0.86	13.95	0.80	3143	FALSE			TRUE	In October 2018	February 2024			FALSE	Decrease
37223	Revascularization, endovascu	Endovascular Revasculari:	April 2022	16	April 2024	RUC	SVS, ACS, !	Refer to CPT. 4.25	High Volume Growth1	February 2010	ZZZ	4.25	0.95	33.20	0.95	4297	FALSE			TRUE	In October 2018	February 2024			FALSE	Decrease

37224	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 9.00	High Volume Growth 1	February 2010	000	8.75	2.24	77.46	1.93	29781	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37225	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT.	High Volume Growth 1	February 2010	000	11.75	3.15	250.10	2.48	40461	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37226	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 10.49	High Volume Growth 1	February 2010	000	10.24	2.57	233.49	2.28	20103	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37227	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 14.50	High Volume Growth 1	February 2010	000	14.25	3.58	321.29	3.02	20679	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37228	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 11.00	High Volume Growth 1	February 2010	000	10.75	2.66	112.07	2.33	30844	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37229	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 14.05	High Volume Growth 1	February 2010	000	13.8	3.61	252.05	2.76	38048	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37230	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 13.80	High Volume Growth 1	February 2010	000	13.55	3.68	252.54	2.91	2410	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37231	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 15.00	High Volume Growth 1	February 2010	000	14.75	3.95	337.92	2.64	3084	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37232	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 4.00	High Volume Growth 1	February 2010	ZZZ	4	0.99	19.89	0.79	14007	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37233	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 6.50	High Volume Growth 1	February 2010	ZZZ	6.5	1.63	23.60	1.24	8996	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37234	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 5.50	High Volume Growth 1	February 2010	ZZZ	5.5	1.53	102.90	1.13	353	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37235	Revascularization, endovascu	Endovascular Revascularizi	April 2022	16	April 2024	RUC	SVS, ACS,	Refer to CPT. 7.80	High Volume Growth 1	February 2010	ZZZ	7.8	1.92	110.58	1.06	468	FALSE		TRUE	In October 2018	February 2024			FALSE	Decrease
37236	Transcatheter placement of	Transcatheter Placement	April 2013	09			SVS, ACS,	9.00	Codes Reported Toget	February 2013	000	8.75	2.23	72.21	1.88	10944	FALSE		FALSE		February 2013	10	Complete	TRUE	Decrease
37237	Transcatheter placement of	Transcatheter Placement	April 2013	09			SVS, ACS,	4.25	Codes Reported Toget	February 2013	ZZZ	4.25	0.95	33.77	0.91	1315	FALSE		FALSE		February 2013	10	Complete	TRUE	Decrease
37238	Transcatheter placement of	Transcatheter Placement	April 2013	09			SVS, ACS,	6.29	Codes Reported Toget	February 2013	000	6.04	1.72	96.87	1.14	10623	FALSE		FALSE		February 2013	10	Complete	TRUE	Decrease
37239	Transcatheter placement of	Transcatheter Placement	April 2013	09			SVS, ACS,	3.34	Codes Reported Toget	February 2013	ZZZ	2.97	0.82	48.12	0.58	3979	FALSE		FALSE		February 2013	10	Complete	TRUE	Decrease
37241	Vascular embolization or occ	Embolization and Occlusio	April 2013	08			SVS, ACS,	9.00	Codes Reported Toget	February 2010	000	8.75	2.45	130.77	1.31	1680	FALSE		FALSE		February 2013	09		TRUE	Decrease
37242	Vascular embolization or occ	Embolization and Occlusio	April 2013	08			SVS, ACS,	11.98	Codes Reported Toget	February 2010	000	9.8	2.56	203.70	1.51	8142	FALSE		FALSE		February 2013	09		TRUE	Decrease
37243	Vascular embolization or occ	Embolization and Occlusio	April 2013	08			SVS, ACS,	14.00	Codes Reported Toget	February 2010	000	11.74	3.37	248.20	1.20	13902	FALSE		FALSE		February 2013	09		TRUE	Decrease
37244	Vascular embolization or occ	Embolization and Occlusio	April 2013	08			SVS, ACS,	14.00	Codes Reported Toget	February 2010	000	13.75	4.07	184.06	1.45	13555	FALSE		FALSE		February 2013	09		TRUE	Decrease
37246	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	7.00	Codes Reported Toget	October 2015	000	7	1.86	46.47	1.26	6890	FALSE		FALSE		October 2015	24	Complete	TRUE	Decrease
37247	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	3.50	Codes Reported Toget	October 2015	ZZZ	3.5	0.80	12.75	0.71	736	FALSE		FALSE		October 2015	24	Complete	TRUE	Decrease
37248	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	6.00	Codes Reported Toget	October 2015	000	6	1.78	34.02	0.85	13541	FALSE		FALSE		October 2015	24	Complete	TRUE	Decrease
37249	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15		RUC	ACR, SIR, S	2.97	Codes Reported Toget	October 2015	ZZZ	2.97	0.75	9.78	0.51	3775	FALSE		FALSE		October 2015	24	Complete	TRUE	Decrease
37250	Intravascular ultrasound (no	Intravascular Ultrasound	January 2015	07			ACC, SCAI,	Deleted from CPT	Final Rule for 2015	July 2014							FALSE		TRUE	A CCP was subm	October 2014	13	Complete	TRUE	Deleted from CPT
37251	Intravascular ultrasound (no	Intravascular Ultrasound	January 2015	07			ACC,SCAI,	Deleted from CPT	Final Rule for 2015	July 2014							FALSE		TRUE	A CCP was subm	October 2014	13	Complete	TRUE	Deleted from CPT
37252	Intravascular ultrasound (no	Intravascular Ultrasound	October 2018	14			ACC,SCAI,	1.80	Final Rule for 2015 / W	July 2014	ZZZ	1.8	0.45	26.58	0.35	70937	FALSE		FALSE		October 2014	13	Complete	TRUE	Decrease
37253	Intravascular ultrasound (no	Intravascular Ultrasound	October 2018	14			ACC,SCAI,	1.44	Final Rule for 2015 / W	July 2014	ZZZ	1.44	0.36	3.42	0.26	107202	FALSE		FALSE		October 2014	13	Complete	TRUE	Decrease
37609	Ligation or biopsy, temporal	Ligation	September 2007	16			SVS, ACS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	010	3.05	2.40	5.69	0.65	11304	FALSE		FALSE					TRUE	PE Only
37619	Ligation of inferior vena cav	Ligation of Inferior Vena C	April 2011	13			ACS, SVS	37.60	Codes Reported Toget	February 2011	090	30	13.82	NA	7.54	24	FALSE		FALSE		February 2011	15		TRUE	Increase
37620	Interruption, partial or comp	Major Vein Revision	April 2010	45			ACR, SIR, S	Deleted from CPT	Codes Reported Toget	February 2010							FALSE		TRUE	The Workgroup	February 2011	15	Code Delete	TRUE	Deleted from CPT
37760	Ligation of perforator veins,	Perorator Vein Ligation	April 2009	10			SVS, ACS	10.69	Site of Service Anomal	September 2007	090	10.78	3.50	NA	2.63	54	FALSE		TRUE	The RUC referre	February 2009	19	Complete	TRUE	Maintain
37761	Ligation of perforator vein(s)	Perforator Vein Ligation	April 2009	10			SVS, ACS	9.00	Site of Service Anomal	April 2009	090	9.13	4.64	NA	2.16	209	FALSE		FALSE					TRUE	Increase
37765	Stab phlebectomy of varicos	Stab Phlebectomy of Vari	April 2018	12			ACS, SIR, S	4.80	High Volume Growth 1	February 2008	010	4.8	2.10	6.80	1.06	10418	FALSE		FALSE					TRUE	Decrease
37766	Stab phlebectomy of varicos	Stab Phlebectomy of Vari	April 2018	12			ACS, SIR, S	6.00	High Volume Growth 1	February 2008	010	6	2.45	7.56	1.29	8063	FALSE		FALSE					TRUE	Decrease
37785	Ligation, division, and/or exc	Ligation	September 2007	16			APMA, SV	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	3.93	2.67	5.60	0.92	797	FALSE		FALSE					TRUE	PE Only
38220	Diagnostic bone marrow; asp	Diagnostic Bone Marrow	April 2016	06			ASCO, ASH	1.20	CMS High Expenditure	February 2016	XXX	1.2	0.70	3.34	0.10	4593	FALSE		FALSE		February 2016	16	Complete	TRUE	Decrease
38221	Diagnostic bone marrow; bio	Diagnostic Bone Marrow	April 2016	06			ASCO, ASH	1.28	CMS High Expenditure	July 2015	XXX	1.28	0.69	3.44	0.10	7932	FALSE		TRUE	Prior to the Janu	February 2016	16	Complete	TRUE	Decrease
38222	Diagnostic bone marrow; bio	Diagnostic Bone Marrow	April 2023	15	September 2023	RAW	ASCO, ASH	Action Plan. 1.44	CMS High Expenditure	February 2016	XXX	1.44	0.67	3.67	0.12	119073	FALSE		FALSE		February 2016	16	Complete	TRUE	Decrease
38505	Biopsy or excision of lymph	Needle Biopsy of Lymph N	October 2020	15			ACR, SIR	1.59	Harvard Valued - Utiliz	October 2019	000	1.59	0.78	3.54	0.17	35811	FALSE		FALSE					TRUE	Increase
38542	Dissection, deep jugular nod	Jugular Node Dissection	April 2008	40			ACS, AAO-	7.85	Site of Service Anomal	September 2007	090	7.95	6.41	NA	1.33	513	FALSE		FALSE					TRUE	Increase
38570	Laparoscopy, surgical; with r	Laparoscopy Lymphadene	September 2014	12			AUA	9.34	010-Day Global Post-O	January 2014	010	8.49	5.41	NA	1.45	6701	FALSE		FALSE					TRUE	Maintain
38571	Laparoscopy, surgical; with b	Laparoscopy Lymphadene	April 2023	15	September 2023	RAW	AUA	Action Plan. 12.00	CMS Fastest Growing /	October 2008	010	12	6.04	NA	1.54	17578	FALSE		FALSE					TRUE	Decrease
38572	Laparoscopy, surgical; with b	Laparoscopy Lymphadene	September 2014	12			ACOG	15.60	010-Day Global Post-O	January 2014	010	15.6	8.88	NA	2.45	1653	FALSE		FALSE					TRUE	Decrease
38792	Injection procedure; radioac	Radioactive Tracer	January 2018	23				0.65	Negative IWPUT	April 2017	000	0.65	0.23	1.74	0.08	29868	FALSE		FALSE					TRUE	Increase
39400	Mediastinoscopy, includes b	Mediastinoscopy with Bio	January 2015	08			STS	Deleted from CPT	Pre-Time Analysis	January 2014							FALSE		TRUE	Referred to CPT	October 2014	14	Complete	TRUE	Deleted from CPT
39401	Mediastinoscopy; includes b	Mediastinoscopy with Bio	January 2015	08			STS	5.44	Pre-Time Analysis	October 2014	000	5.44	2.34	NA	1.28	290	FALSE		FALSE		October 2014	14	Complete	TRUE	Decrease
39402	Mediastinoscopy; with lympl	Mediastinoscopy with Bio	January 2015	08			STS	7.50	Pre-Time Analysis	October 2014	000	7.25	2.86	NA	1.72	2748	FALSE		FALSE		October 2014	14	Complete	TRUE	Increase
40490	Biopsy of lip	Biopsy of Lip	September 2011	21			AAO-HNS,	1.22	Harvard Valued - Utiliz	April 2011	000	1.22	0.71	2.34	0.12	28071	FALSE		FALSE					TRUE	Maintain
40650	Repair lip, full thickness; ver	PE Subcommittee	April 2016	46			AAOS, ACI	PE Clinical staff pre-tim	Emergent Procedures	October 2015	090	3.78	4.94	10.00	0.73	357	TRUE	Nov 2016 yes	FALSE					TRUE	PE Only
40800	Drainage of abscess, cyst, he	RAW	April 2014	52				Maintain	010-Day Global Post-O	January 2014	010	1.23	2.19	4.73	0.12	2825	FALSE		FALSE					TRUE	Maintain
40801	Drainage of abscess, cyst, he	Ostectomy	January 2020	37			APMA, AA	Maintain. Reduced 992	Site of Service Anomal	September 2007	010	2.63	3.00	5.81	0.26	1435	FALSE		FALSE					TRUE	PE Only
40808	Biopsy, vestibule of mouth	Biopsy of Mouth Lesion	April 2018	13			AAOHNS,	1.05	Negative IWPUT	April 2017	010	1.05	1.48	3.93	0.12	9052	FALSE		FALSE					TRUE	Increase
40812	Excision of lesion of mucosa	RAW	April 2014	52				Maintain	010-Day Global Post-O	January 2014	010	2.37	2.87	5.84	0.26	7021	FALSE		FALSE					TRUE	Maintain
40820	Destruction of lesion or scar	RAW	April 2014	52				Maintain	010-Day Global Post-O	January 2014	010	1.34	3.50	6.31	0.14	1357	FALSE		FALSE					TRUE	Maintain
41530	Submucosal ablation of the t	Submucosal ablation of to	April 2015	26		RUC	AAO-HNS	3.50	Final Rule for 2015	July 2014	000	3.5	7.39	23.82	0.47	142	FALSE		FALSE					TRUE	Decrease
42145	Palatopharyngoplasty (eg, u	Palatopharyngoplasty	April 2008	41			AAO-HNS	9.63	Site of Service Anomal	September 2007	090	9.78	9.53	NA	1.38	373	FALSE		FALSE					TRUE	Maintain
42415	Excision of parotid tumor or	Excise Parotid Gland/Lesi	February 2011	27			ACS, AAO-	18.12	Site of Service Anomal	September 2007	090	17.16	12.08	NA	2.50	4761	FALSE		FALSE					TRUE	Maintain
42420	Excision of parotid tumor or	Excise Parotid Gland/Lesi	February 2011	27			ACS, AAO-	21.00	Site of Service Anomal	September 2007	090	19.53	13.18	NA	2.84	1333	FALSE		FALSE					TRUE	Maintain
42440	Excision of submandibular (s	Submandibular Gland Exc	October 2010	64			AAO-HNS,	7.13	Site of Service Anomal	September 2007	090	6.14	5.48	NA	0.90	1573	FALSE		FALSE					TRUE	Maintain
43191	Esophagoscopy, rigid, transo	Esophagoscopy	October 2012	10			AAO-HNS,	2.78	MPC List	September 2011	000	2.49	1.77	NA	0.37	2355	FALSE		FALSE					TRUE	Increase
43192	Esophagoscopy, rigid, transo	Esophagoscopy	October 2012	10			AAO-HNS,	3.21	MPC List	September 2011	000	2.79	1.86	NA	0.41	241	FALSE		FALSE					TRUE	Increase
43193	Esophagoscopy, rigid, transo	Esophagoscopy	October 2012	10			AAO-HNS,	3.36	MPC List	September 2011	000	2.79	1.85	NA	0.40	203	FALSE		FALSE					TRUE	Increase
43194	Esophagoscopy, rigid, transo	Esophagoscopy	October 2012	10			AAO-HNS,	3.99	MPC List	September 2011	000	3.51	1.63	NA	0.58	100	FALSE		FALSE					TRUE	Increase
43195	Esophagoscopy, rigid, transo	Esophagoscopy	October 2012	10			AAO-HNS,	3.21	MPC List	September 2011	000	3.07	2.00	NA	0.44	560	FALSE		FALSE					TRUE	Increase
43196	Esophagoscopy, rigid, transo	Esophagoscopy	October 2012	10			AAO-HNS,	3.36	MPC List	September 2011	000	3.31	2.06	NA	0.44	377	FALSE		FALSE					TRUE	Increase
43197	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AAO-HNS,	1.59	MPC List	September 2011	000	1.52	0.68	4.02	0.23	980	FALSE		FALSE					TRUE	Maintain
43198	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AAO-HNS,	1.89	MPC List	September 2011	000	1.82	0.85	4.33	0.25	279	FALSE		FALSE					TRUE	Maintain
43200	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AAO-HNS,	1.59	MPC List	September 2011	000	1.42	0.95	6.32	0.22	4084	FALSE		FALSE		May 2012			TRUE	Maintain
43201	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	1.90	MPC List	September 2011	000	1.72	1.08	5.87	0.25	182	FALSE		FALSE		May 2012			TRUE	Decrease
43202	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AAO-HNS,	1.89	MPC List	September 2011	000	1.72	1.08	8.83	0.23	1889	FALSE		FALSE		May 2012			TRUE	Maintain
43204	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	2.89	MPC List	September 2011	000	2.33	1.37	NA	0.27	11	FALSE		FALSE		May 2012			TRUE	Decrease
43205	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	3.00	MPC List	September 2011	000	2.44	1.42	NA	0.27	84	FALSE		FALSE		May 2012			TRUE	Decrease
43206	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	2.39	MPC List	September 2011	000	2.29	1.35	6.54	0.26	20	FALSE		FALSE					TRUE	Decrease
43211	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	4.58	MPC List	September 2011	000	4.2	2.20	NA	0.49	87	FALSE		FALSE					TRUE	Decrease
43212	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	3.73	MPC List	September 2011	000	3.4	1.60	NA	0.58	524	FALSE		FALSE					TRUE	Decrease
43213	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	5.00	MPC List	September 2011	000	4.63	2.30	32.10	0.73	236	FALSE		FALSE					TRUE	Decrease
43214	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	3.78	MPC List	September 2011	000	3.4	1.83	NA	0.50	182	FALSE		FALSE					TRUE	Decrease
43215	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AAO-HNS,	2.60	MPC List	September 2011	000	2.44	1.34	9.04	0.37	776	FALSE		FALSE		May 2012			TRUE	Maintain
43216	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	2.40	MPC List	September 2011	000	2.3	1.34	9.78	0.27	117	FALSE		FALSE		May 2012			TRUE	Maintain
43217	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	2.90	MPC List	September 2011	000	2.8	1.57	9.54	0.31	28	FALSE		FALSE		May 2012			TRUE	Maintain
43219	Esophagoscopy, rigid or flexi	Esophagoscopy	October 2012	10			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE		FALSE		May 2012			TRUE	Deleted from CPT
43220	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	2.10	MPC List	September 2011	000	2	1.20	25.01	0.27	1733	FALSE		FALSE		May 2012			TRUE	Maintain
43226	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AAO-HNS,	2.34	MPC List	September 2011	000	2.24	1.25	9.06	0.35	1295	FALSE		FALSE		May 2012			TRUE	Maintain
43227	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	3.26	MPC List	September 2011	000	2.89	1.59	14.68	0.36	147	FALSE		FALSE		May 2012			TRUE	Decrease
43228	Esophagoscopy, rigid or flexi	Esophagoscopy	October 2012	10			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE		FALSE		May 2012			TRUE	Deleted from CPT
43229	Esophagoscopy, flexible, trar	Esophagoscopy	October 2012	10			AGA, ASGI	3.72	MPC List	September 2011	000	3.49	1.85	17.53	0.43	1325	FALSE		FALSE					TRUE	Decrease
43231	Esophagoscopy, flexible, trar	Esophagoscopy	April 2013	10			AGA, ASGI	3.19	MPC List	September 2011	000	2.8	1.53	NA	0.30	552	FALSE		FALSE		May 2012			TRUE	Maintain
43232	Esophagoscopy, flexible, trar	Esophagoscopy	April 2013	10			AGA, ASGI	3.83	MPC List	September 2011	000	3.59	1.82	NA	0.38	278	FALSE		FALSE		May 2012			TRUE	Decrease
43233	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	4.45	MPC List	October 2012	000	4.07	2.05	NA	0.59	1202	FALSE		FALSE		October 2012	14	Complete	TRUE	Decrease
43234	Upper gastrointestinal endo	Esophagoscopy	April 2013	10			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE		TRUE	Several specific	February 2012	11	Complete	TRUE	Deleted from CPT
43235	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	2.26	MPC List / CMS High E	October 2010	000	2.09	1.25	6.31	0.26	260048	FALSE		FALSE		October 2012	14	Complete	TRUE	Decrease
43236	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	2.57	CMS Fastest Growing /	October 2008	000	2.39	1.38	9.42	0.27	14280	TRUE	Apr 2009 an Yes	FALSE		October 2012	14	Complete	TRUE	Decrease
43237	Esophagogastroduodenosco	EGD	April 2013	11			AGA, ASGI	3.85	MPC List	September 2011	000	3.47	1.87	NA	0.40	18750	FALSE		TRUE	In the Panel Acti	February 2013	12	Complete	TRUE	Decrease
43238	Esophagogastroduodenosco	EGD	April 2013	11			AGA, ASGI	4.50	MPC List	September 2011	000	4.16	2.17	NA	0.47	15422	FALSE		TRUE	In the Panel Acti	February 2013	12	Complete	TRUE	Decrease

43239	Esophagogastroduodenosco	EGD with Biopsy	April 2019	12			ACG, ACS,	2.39	MPC List / CMS Reque	October 2010	000	2.39	1.38	8.66	0.29	1250880	FALSE			FALSE						TRUE	Maintain
43240	Esophagogastroduodenosco	EGD	April 2013	11			AGA, ASGI	7.25	MPC List	September 2011	000	7.15	3.49	NA	0.82	1060	FALSE			TRUE	In the Panel Acti	February 2013	12	Complete	TRUE	Increase
43241	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	2.59	MPC List	September 2011	000	2.49	1.37	NA	0.30	4394	FALSE			FALSE		October 2012			TRUE	Maintain
43242	Esophagogastroduodenosco	EGD	April 2013	11			AGA, ASGI	5.39	CMS Fastest Growing /	October 2008	000	4.73	2.43	NA	0.55	23927	TRUE	Mar 2009	Yes	TRUE	In the Panel Acti	February 2013	12	Complete	TRUE	Decrease
43243	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	4.37	MPC List	September 2011	000	4.27	2.15	NA	0.54	407	FALSE			FALSE		October 2012			TRUE	Decrease
43244	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	4.50	MPC List	September 2011	000	4.4	2.28	NA	0.50	18874	FALSE			FALSE		October 2012			TRUE	Decrease
43245	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	3.18	MPC List	September 2011	000	3.08	1.65	14.43	0.43	12832	FALSE			FALSE		October 2012			TRUE	Maintain
43246	Esophagogastroduodenosco	EGD	April 2013	11			AGA, ASGI	4.32	MPC List	September 2011	000	3.56	1.79	NA	0.54	62104	FALSE			FALSE		October 2012			TRUE	Maintain
43247	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	3.27	MPC List	September 2011	000	3.11	1.68	8.02	0.40	24338	FALSE			FALSE		October 2012			TRUE	Decrease
43248	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	3.01	MPC List	September 2011	000	2.91	1.61	9.17	0.35	91867	FALSE			FALSE		October 2012			TRUE	Decrease
43249	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	2.77	MPC List	September 2011	000	2.67	1.50	29.69	0.34	115128	FALSE			FALSE		October 2012			TRUE	Decrease
43250	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	3.07	MPC List	September 2011	000	2.97	1.60	10.19	0.43	3098	FALSE			FALSE		October 2012			TRUE	Decrease
43251	Esophagogastroduodenosco	EGD	April 2013	11			AGA, ASGI	3.57	MPC List	September 2011	000	3.47	1.86	11.03	0.42	37007	FALSE			FALSE		October 2012			TRUE	Decrease
43253	Esophagogastroduodenosco	EGD	April 2013	11			AGA, ASGI	5.39	MPC List	February 2012	000	4.73	2.42	NA	0.55	2054	FALSE			TRUE	In the Panel Acti	February 2013	12	Complete	TRUE	Decrease
43254	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	5.25	MPC List	October 2012	000	4.87	2.48	NA	0.56	5572	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43255	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	4.20	MPC List	September 2011	000	3.56	1.90	14.92	0.41	56328	FALSE			FALSE		October 2012			TRUE	Decrease
43256	Upper gastrointestinal endo	EGD	January 2013	08			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012			TRUE	Deleted from CPT
43257	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	4.25	MPC List	September 2011	000	4.15	2.11	NA	0.55	111	FALSE			FALSE		October 2012			TRUE	Decrease
43258	Upper gastrointestinal endo	EGD	January 2013	08			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from CPT
43259	Esophagogastroduodenosco	EGD	April 2013	11			AGA, ASGI	4.74	CMS Fastest Growing	October 2008	000	4.04	2.12	NA	0.44	30363	TRUE	Mar 2009	Yes	TRUE	In the Panel Acti	February 2013	12	Complete	TRUE	Decrease
43260	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	5.95	MPC List	September 2011	000	5.85	2.91	NA	0.67	3868	FALSE			TRUE	Several specific (	February 2013	13	Complete	TRUE	Maintain
43261	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	6.25	MPC List	September 2011	000	6.15	3.04	NA	0.72	6723	FALSE			FALSE		January 2013	13		TRUE	Decrease
43262	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	6.60	MPC List	September 2011	000	6.5	3.20	NA	0.75	26342	FALSE			FALSE		January 2013	13		TRUE	Decrease
43263	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	7.28	MPC List	September 2011	000	6.5	3.21	NA	0.75	35	FALSE			FALSE		February 2013	13		TRUE	Maintain
43264	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	6.73	Harvard Valued - Utiliz	April 2011	000	6.63	3.25	NA	0.77	53429	FALSE			FALSE		February 2013	13		TRUE	Decrease
43265	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	8.03	MPC List	September 2011	000	7.93	3.82	NA	0.91	2356	FALSE			FALSE		February 2013	13		TRUE	Decrease
43266	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	4.40	MPC List	October 2012	000	3.92	1.95	NA	0.51	5790	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43267	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43268	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	Deleted from CPT	Harvard Valued - Utiliz	April 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43269	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43270	Esophagogastroduodenosco	EGD	January 2013	08			AGA, ASGI	4.39	MPC List	October 2012	000	4.01	2.10	17.55	0.46	18701	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43271	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43272	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43273	Endoscopic cannulation of p	ERCP	April 2013	12			AGA, ASGI	2.24	MPC List	September 2011	ZZZ	2.24	0.98	NA	0.25	7580	FALSE			FALSE		February 2013	13		TRUE	Maintain
43274	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	8.74	MPC List	September 2011	000	8.48	4.07	NA	0.98	40976	FALSE			FALSE		February 2013	13		TRUE	Decrease
43275	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	6.96	MPC List	September 2011	000	6.86	3.35	NA	0.79	13323	FALSE			FALSE		February 2013	13		TRUE	Decrease
43276	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	9.10	MPC List	September 2011	000	8.84	4.23	NA	1.02	15625	FALSE			FALSE		February 2013	13		TRUE	Decrease
43277	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	7.11	MPC List	September 2011	000	6.9	3.38	NA	0.79	6066	FALSE			FALSE		February 2013	13		TRUE	Decrease
43278	Endoscopic retrograde chola	ERCP	April 2013	12			AGA, ASGI	8.08	MPC List	September 2011	000	7.92	3.82	NA	0.91	453	FALSE			FALSE		February 2013	13		TRUE	Decrease
43450	Dilation of esophagus, by un	Dilation of Esophagus	October 2012	17			AGA, ASGI	1.30	MPC List	September 2011	000	1.28	0.91	4.19	0.17	57300	FALSE			FALSE					TRUE	Decrease
43453	Dilation of esophagus, over	Dilation of Esophagus	October 2012	17			AGA, ASGI	1.51	MPC List	September 2011	000	1.41	0.95	22.69	0.19	1120	FALSE			FALSE		May 2012			TRUE	Maintain
43456	Dilation of esophagus, by ba	Dilation of Esophagus	October 2012	17			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from CPT
43458	Dilation of esophagus with b	Dilation of Esophagus	October 2012	17			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from CPT
43760	Change of gastrostomy tube,	Gastrostomy Tube Replac	January 2018	11			ACEP, ACC	Deleted from CPT	CMS 000-Day Global Ty	July 2016							FALSE			TRUE	In April 2017, th	September 2017	18	Complete	TRUE	Deleted from CPT
43762	Replacement of gastrostomy	Gastrostomy Tube Replac	January 2022	20	January 2026	RAW	ACEP, ACC	0.75. CPT Assistant arti	CMS 000-Day Global Ty	September 2017	000	0.75	0.22	5.98	0.12	45559	TRUE	June 2022	complete	FALSE					TRUE	Decrease
43763	Replacement of gastrostomy	Gastrostomy Tube Replac	January 2022	20	January 2026	RAW	ACEP, ACC	1.41. CPT Assistant arti	CMS 000-Day Global Ty	September 2017	000	1.41	0.91	8.48	0.27	2014	TRUE	June 2022	complete	FALSE					TRUE	Decrease
44143	Colectomy, partial; with end	RAW	January 2016	54				99214 visit appropriate	High Level E/M in Glob	October 2015	090	27.79	15.02	NA	6.40	8737	FALSE			FALSE					TRUE	Remove from Screen
44205	Laparoscopy, surgical; colect	Laproscopic Procedures	October 2008	26			ACS, ASCR	Remove from screen	CMS Fastest Growing	October 2008	090	22.95	11.96	NA	4.71	10846	FALSE			FALSE					TRUE	Remove from Screen
44207	Laparoscopy, surgical; colect	Laproscopic Procedures	October 2008	26			ACS, ASCR	Remove from screen	CMS Fastest Growing	February 2008	090	31.92	15.50	NA	6.23	8667	FALSE			FALSE					TRUE	Remove from Screen
44380	Ileoscopy, through stoma; di	Ileoscopy	October 2013	04			AGA, ASGI	0.97	MPC List	September 2011	000	0.87	0.70	4.91	0.11	1658	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44381	Ileoscopy, through stoma; w	Ileoscopy	October 2013	04			AGA, ASGI	1.48	MPC List	May 2013	000	1.38	0.93	28.25	0.19	146	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44382	Ileoscopy, through stoma; w	Ileoscopy	Ileoscopy	Ileoscopy	October 2013	04			AGA, ASGI	1.27	MPC List	September 2011	000	1.17	0.85	7.68	0.17	1313	FALSE			FALSE		May 2013		Complete	TRUE	Maintain
44383	Ileoscopy, through stoma; w	Ileoscopy	October 2013	04			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
44384	Ileoscopy, through stoma; w	Ileoscopy	October 2013	04			AGA, ASGI	3.11	MPC List	May 2013	000	2.85	1.34	NA	0.36	87	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44385	Endoscopic evaluation of sm	Pouchoscopy	October 2013	05			ACG, ACS,	1.30	MPC List	September 2011	000	1.2	0.78	5.12	0.18	985	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44386	Endoscopic evaluation of sm	Pouchoscopy	October 2013	05			ACG, ACS,	1.60	MPC List	September 2011	000	1.5	0.94	7.69	0.19	1889	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44388	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	2.82	MPC List	September 2011	000	2.72	1.47	6.36	0.41	3361	FALSE			TRUE	Several specific (	October 2013	17	Complete	TRUE	Maintain
44389	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	3.12	MPC List	September 2011	000	3.02	1.62	8.97	0.41	2299	FALSE			TRUE	Several specific (	October 2013	17	Complete	TRUE	Decrease
44390	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	3.82	MPC List	September 2011	000	3.74	1.99	7.96	0.44	19	FALSE			TRUE	Several specific (	October 2013	17	Complete	TRUE	Maintain
44391	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	4.22	MPC List	September 2011	000	4.12	2.14	14.64	0.51	151	FALSE			TRUE	Several specific (	October 2013	17	Complete	TRUE	Decrease
44392	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	3.63	MPC List	September 2011	000	3.53	1.78	7.55	0.56	198	FALSE			TRUE	Several specific (	October 2013	17	Complete	TRUE	Decrease
44393	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific (	October 2013	17	Complete	TRUE	Deleted from CPT
44394	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	4.13	MPC List	September 2011	000	4.03	2.05	8.60	0.54	1817	FALSE			TRUE	Several specific (	October 2013	17	Complete	TRUE	Decrease
44397	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific (	October 2013	17	Complete	TRUE	Deleted from CPT
44401	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	4.44	MPC List	September 2011	000	4.34	2.26	66.98	0.51	49	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44402	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	4.96	MPC List	January 2014	000	4.7	2.42	NA	0.55	3	FALSE			FALSE		October 2013	17	Complete	TRUE	Decrease
44403	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	5.81	MPC List	January 2014	000	5.5	2.77	NA	0.65	71	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44404	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	3.13	MPC List	January 2014	000	3.02	1.63	9.26	0.41	189	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44405	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	3.33	MPC List	January 2014	000	3.23	1.77	13.13	0.37	50	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44406	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	4.41	MPC List	January 2014	000	4.1	2.15	NA	0.47		FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44407	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	5.06	MPC List	January 2014	000	4.96	2.53	NA	0.58	1	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44408	Colonoscopy through stoma;	Colonoscopy through sto	January 2014	08			ASCRS, AC	4.24	MPC List	January 2014	000	4.14	2.17	NA	0.47	49	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44901	Incision and drainage of app	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Toget	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
44970	Laparoscopy, surgical, appen	Laproscopic Procedures	October 2008	26			ACS	Remove from screen	CMS Fastest Growing	October 2008	090	9.45	6.32	NA	2.29	20349	FALSE			FALSE					TRUE	Remove from Screen
45170	Deleted from CPT	Rectal Tumor Excision	February 2009	11			ACS, ASCR	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	CPT code 45170	October 2008	18	Code Delete	TRUE	Deleted from CPT
45171	Excision of rectal tumor, trar	Rectal Tumor Excision	February 2009	11			ACS, ASCR	8.00	Site of Service Anomal	September 2007	090	8.13	8.86	NA	1.53	2123	FALSE			FALSE					TRUE	Decrease
45172	Excision of rectal tumor, trar	Rectal Tumor Excision	February 2009	11			ACS, ASCR	12.00	Site of Service Anomal	September 2007	090	12.13	10.41	NA	2.08	1697	FALSE			FALSE					TRUE	Decrease
45300	Proctosigmoidoscopy, rigid;	Diagnostic Proctosigmoid	April 2017	13			ACS, ASCR	0.80	CMS 000-Day Global Ty	July 2016	000	0.8	0.51	2.95	0.12	17629	FALSE			FALSE					TRUE	Maintain
45330	Sigmoidoscopy, flexible; diag	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	0.84	Harvard Valued - Utiliz	April 2011	000	0.84	0.70	4.64	0.12	42359	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45331	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	1.14	MPC List	September 2011	000	1.14	0.84	7.35	0.14	30301	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45332	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	1.85	MPC List	September 2011	000	1.76	1.09	6.34	0.23	294	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45333	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	1.65	MPC List	September 2011	000	1.55	0.98	8.15	0.23	599	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45334	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	2.10	MPC List	September 2011	000	2	1.21	12.63	0.25	3059	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45335	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	1.15	MPC List	September 2011	000	1.04	0.79	7.62	0.14	2601	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45337	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	2.20	MPC List	September 2011	000	2.1	0.99	NA	0.27	1627	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45338	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	2.15	MPC List	September 2011	000	2.05	1.22	6.69	0.26	4646	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45339	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
45340	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	1.35	MPC List	September 2011	000	1.25	0.88	12.39	0.18	1089	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45341	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGI	2.43	MPC List	September 2011	000	2.12	1.26	NA	0.25	1969	FALSE			TRUE	Several specific (	October 2013	16	Complete	TRUE	Increase
45342	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGI	3.08	MPC List	September 2011	000	2.98	1.64	NA	0.40	427	FALSE			TRUE	Several specific (	October 2013	16	Complete	TRUE	Decrease
45345	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
45346	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	2.97	MPC List	May 2013	000	2.81	1.56	66.30	0.35	873	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45347	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS,	2.98	MPC List	May 2013	000	2.72	1.48	NA	0.31	544	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45349	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	April 2014	13			AGA, ASGI	3.83	MPC List	January 2014	000	3.52	1.88	NA	0.42	593	FALSE			TRUE		October 2013	16	Complete	TRUE	Decrease
45350	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	April 2014	13			AGA, ASGI	1.78	MPC List	January 2014	000	1.68	1.06	18.38	0.22	1082	FALSE			TRUE		October 2013	16	Complete	TRUE	Decrease

45355	Colonoscopy, rigid or flexible	Colonoscopy via stoma	January 2014	08			AGA, ASGI	Deleted from CPT	MPC List	September 2011								FALSE			FALSE	February 2014	32	Complete	TRUE	Deleted from CPT
45378	Colonoscopy, flexible; diagn	Colonoscopy	January 2014	10			AGA, ASGI	3.36	CMS High Expenditure	September 2011	000	3.26	1.74	6.51	0.42	274243	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45379	Colonoscopy, flexible; with r	Colonoscopy	January 2014	10			AGA, ASGI	4.37	MPC List	September 2011	000	4.28	2.19	8.24	0.53	832	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45380	Colonoscopy, flexible; with b	Colonoscopy	January 2014	10			AGA, ASGI	3.66	MPC List	October 2010	000	3.56	1.89	9.04	0.44	945436	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45381	Colonoscopy, flexible; with d	Colonoscopy	January 2018	31			AGA, ASGI	3.67	CMS Fastest Growing /	October 2008	000	3.56	1.89	9.32	0.43	68743	TRUE	Jun 2010	Yes	TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45382	Colonoscopy, flexible; with c	Colonoscopy	January 2014	10			AGA, ASGI	4.76	MPC List	September 2011	000	4.66	2.38	14.83	0.55	21414	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45383	Colonoscopy, flexible, proxir	Colonoscopy	January 2014	10			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Deleted from CPT
45384	Colonoscopy, flexible; with r	Colonoscopy	January 2014	10			AGA, ASGI	4.17	MPC List	September 2011	000	4.07	2.03	10.03	0.59	50668	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45385	Colonoscopy, flexible; with r	Colonoscopy	April 2019	13			AGA, ASGI	4.57	MPC List / Codes Repo	October 2010	000	4.57	2.33	8.49	0.55	934122	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Maintain
45386	Colonoscopy, flexible; with t	Colonoscopy	January 2014	10			AGA, ASGI	3.87	MPC List	September 2011	000	3.77	1.97	14.15	0.47	1954	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45387	Colonoscopy, flexible, proxir	Colonoscopy	January 2014	10			AGA, ASGI	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Deleted from CPT
45388	Colonoscopy, flexible; with a	Colonoscopy	January 2014	10			AGA, ASGI	4.98	MPC List	January 2014	000	4.88	2.43	68.72	0.64	20440	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45389	Colonoscopy, flexible; with e	Colonoscopy	January 2014	10			AGA, ASGI	5.50	MPC List	January 2014	000	5.24	2.62	NA	0.65	410	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45390	Colonoscopy, flexible; with e	Colonoscopy	January 2014	10			AGA, ASGI	6.35	MPC List	January 2014	000	6.04	2.99	NA	0.71	23949	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45391	Colonoscopy, flexible; with e	Colonoscopy	January 2014	10			AGA, ASGI	4.95	MPC List	September 2011	000	4.64	2.38	NA	0.54	724	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45392	Colonoscopy, flexible; with t	Colonoscopy	January 2014	10			AGA, ASGI	5.60	MPC List	September 2011	000	5.5	2.77	NA	0.65	98	FALSE			TRUE	Several specific (	October 2013	18	Complete	TRUE	Decrease
45393	Colonoscopy, flexible; with d	Colonoscopy	January 2014	10			AGA, ASGI	4.78	MPC List	January 2014	000	4.68	2.11	NA	0.59	2146	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45398	Colonoscopy, flexible; with b	Colonoscopy	January 2014	10			AGA, ASGI	4.30	MPC List	January 2014	000	4.2	2.09	20.11	0.64	3354	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
46020	Placement of seton	Placement/Removal of Se	October 2020	16			ACS, ASCR	3.50	010-Day Global Post-O	October 2019	000	1.86	1.26	NA	0.35	1233	FALSE			FALSE					TRUE	Increase
46030	Removal of anal seton, other	Placement/ Removal of Se	October 2020	16			ACS, ASCR	2.00	010-Day Global Post-O	April 2020	000	1.48	0.86	6.00	0.25	275	FALSE			FALSE					TRUE	Increase
46200	Fissurectomy, including sphi	Fissurectomy	September 2007	16			ACS	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	3.59	5.96	10.13	0.60	819	FALSE			FALSE					TRUE	PE Only
46500	Injection of sclerosing soluti	Hemorrhoid Injection	January 2018	24			ACS, ASCR	2.00	010-Day Global Post-O	January 2014	010	1.74	3.55	7.49	0.26	12072	FALSE			FALSE					TRUE	Increase
47011	Hepatotomy; for percutaneo	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
47135	Liver allotransplantation, ort	Liver Allotransplantation	September 2014	14			ACS, ASTS	91.78	090-Day Global Post-O	January 2014	090	90	48.20	NA	22.24	1428	FALSE			FALSE					TRUE	Increase
47136	Liver allotransplantation; he	RAW	April 2014	52			ACS, ASTS	Deleted from CPT	090-Day Global Post-O	April 2014							FALSE			TRUE	Identified as par	October 2014	16	Complete	TRUE	Deleted from CPT
47382	Ablation, 1 or more liver tun	Interventional Radiology I	October 2008	13			ACR, SIR	New PE Inputs	CMS Request - Practice	NA	010	14.97	5.07	94.51	1.55	2774	FALSE			FALSE					TRUE	PE Only
47490	Cholecystostomy, percutane	Cholecystostomy	October 2009	04			ACR	4.76	CMS Fastest Growing	October 2008	010	4.76	4.61	NA	0.46	12398	FALSE			TRUE	This service was	June 2009	17	CPT Editoria	TRUE	Decrease
47500	Injection procedure for perc	Percutaneous Biliary Proc	October 2015	06	RUC		ACR, SIR	Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	February 2015	16	Complete	TRUE	Deleted from CPT
47505	Injection procedure for chol	Percutaneous Biliary Proc	October 2015	06	RUC		ACR, SIR	Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	February 2015	16	Complete	TRUE	Deleted from CPT
47510	Introduction of percutaneou	Percutaneous Biliary Proc	October 2015	06	RUC		ACR, SIR	Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	February 2015	16	Complete	TRUE	Deleted from CPT
47511	Introduction of percutaneou	Percutaneous Biliary Proc	October 2015	06	RUC		ACR, SIR	Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	February 2015	16	Complete	TRUE	Deleted from CPT
47525	Change of percutaneous bili	Percutaneous Biliary Proc	October 2015	06	RUC		ACR, SIR	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE		February 2015	16		TRUE	Deleted from CPT
47530	Revision and/or reinsertion	Percutaneous Biliary Proc	October 2015	06	RUC		ACR, SIR	Deleted from CPT	Codes Reported Togetl	February 2015							FALSE			FALSE		February 2015	16		TRUE	Deleted from CPT
47531	Injection procedure for chol	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	1.30	Codes Reported Togetl	February 2015	000	1.3	0.63	11.44	0.12	6974	FALSE			FALSE		February 2015	16		TRUE	Increase
47532	Injection procedure for chol	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	4.50	Codes Reported Togetl	February 2015	000	4.25	1.45	20.64	0.44	473	FALSE			FALSE		February 2015	16		TRUE	Increase
47533	Placement of biliary drainag	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	5.63	Codes Reported Togetl	February 2015	000	5.38	1.77	29.34	0.55	1343	FALSE			FALSE		February 2015	16		TRUE	Increase
47534	Placement of biliary drainag	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	7.85	Codes Reported Togetl	February 2015	000	7.6	2.41	30.28	0.75	4199	FALSE			FALSE		February 2015	16		TRUE	Increase
47535	Conversion of external biliar	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	4.20	Codes Reported Togetl	February 2015	000	3.95	1.36	22.51	0.40	387	FALSE			FALSE		February 2015	16		TRUE	Increase
47536	Exchange of biliary drainage	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	2.86	Codes Reported Togetl	February 2015	000	2.61	0.96	16.39	0.26	13465	FALSE			FALSE		February 2015	16		TRUE	Increase
47537	Removal of biliary drainage	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	1.85	Codes Reported Togetl	February 2015	000	1.84	0.79	12.89	0.19	2032	FALSE			FALSE		February 2015	16		TRUE	Increase
47538	Placement of stent(s) into a l	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	5.00	Codes Reported Togetl	February 2015	000	4.75	1.60	109.05	0.47	892	FALSE			FALSE		February 2015	16		TRUE	Increase
47539	Placement of stent(s) into a l	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	9.00	Codes Reported Togetl	February 2015	000	8.75	2.68	117.69	0.94	128	FALSE			FALSE		February 2015	16		TRUE	Increase
47540	Placement of stent(s) into a l	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	9.28	Codes Reported Togetl	February 2015	000	9.03	2.83	118.57	0.91	196	FALSE			FALSE		February 2015	16		TRUE	Increase
47541	Placement of access through	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	7.00	Codes Reported Togetl	February 2015	000	6.75	2.32	27.62	0.72	171	FALSE			FALSE		February 2015	16		TRUE	Increase
47542	Balloon dilation of biliary du	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	2.85	Codes Reported Togetl	February 2015	ZZZ	2.85	0.82	11.93	0.29	1076	FALSE			FALSE		February 2015	16		TRUE	Increase
47543	Endoluminal biopsy(ies) of b	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	3.00	Codes Reported Togetl	February 2015	ZZZ	3	0.88	8.52	0.30	591	FALSE			FALSE		February 2015	16		TRUE	Increase
47544	Removal of calculi/debris fro	Percutaneous Biliary Proc	October 2015	04	RUC		ACR, SIR	3.28	Codes Reported Togetl	February 2015	ZZZ	3.28	0.93	21.69	0.34	309	FALSE			TRUE	The committee r	February 2015	16	Complete	TRUE	Increase
47560	Laparoscopy, surgical; with g	RAW	October 2013	18				Deleted from CPT	CMS Request - Final Ru	July 2013							FALSE			FALSE					TRUE	Maintain
47562	Laparoscopy, surgical; cholec	RAW review	September 2014	21			ACS	Maintain work RVU an	CMS High Expenditure	September 2011	090	10.47	6.73	NA	2.56	81342	FALSE			FALSE					TRUE	Maintain
47563	Laparoscopy, surgical; cholec	RAW review	October 2013	18				No further action. 12.1	CMS High Expenditure	September 2011	090	11.47	7.24	NA	2.83	33213	FALSE			FALSE					TRUE	Maintain
47600	Cholecystectomy;	Cholecystectomy	April 2012	36			ACS, SAGE	20.00	CMS Request - Final Ru	September 2011	090	17.48	10.28	NA	4.22	6202	FALSE			FALSE					TRUE	Increase
47605	Cholecystectomy; with chola	Cholecystectomy	April 2012	36			ACS, SAGE	21.00	CMS Request - Final Ru	September 2011	090	18.48	10.71	NA	4.54	920	FALSE			FALSE					TRUE	Increase
48102	Biopsy of pancreas, percutar	Percutaneous Needle Bio	September 2007	16			SIR	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	010	4.7	1.76	10.35	0.46	692	FALSE			FALSE					TRUE	PE Only
48511	External drainage, pseudocy	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
49021	Drainage of peritoneal absce	Drainage of Abscess	January 2013	04			ACR, SIR	Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
49041	Drainage of subdiaphragmat	Drainage of Abscess	January 2013	04			ACR, SIR	Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
49061	Drainage of retroperitoneal	Drainage of Abscess	January 2013	04			ACR, SIR	Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
49080	Peritoneocentesis, abdomin	Peritoneocentesis	October 2010	5			ACR, AGA,	Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			TRUE	The specialty rec	June 2010	09	Complete	TRUE	Deleted from CPT
49081	Peritoneocentesis, abdomin	Peritoneocentesis	October 2010	5			ACR, AGA,	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			FALSE		June 2010	09		TRUE	Deleted from CPT
49082	Abdominal paracentesis (dia	Abdominal Paracentesis	October 2010	05			ACR, ACS,	1.35	Harvard Valued - Utiliz	February 2010	000	1.24	0.73	4.95	0.19	9742	FALSE			FALSE		June 2010	09		TRUE	Decrease
49083	Abdominal paracentesis (dia	Abdominal Paracentesis	October 2010	05			ACR, ACS,	2.00	Harvard Valued - Utiliz	February 2010	000	2	0.93	6.66	0.19	249031	FALSE			FALSE		June 2010	09		TRUE	Decrease
49084	Peritoneal lavage, including	Abdominal Paracentesis	October 2010	05			ACR, ACS,	2.50	Harvard Valued - Utiliz	February 2010	000	2	0.74	NA	0.44	1488	FALSE			FALSE		June 2010	09		TRUE	Increase
49405	Image-guided fluid collectior	Drainage of Abscess	January 2013	04			ACR, SIR	4.25	Codes Reported Togetl	January 2012	000	4	1.30	22.45	0.38	5284	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
49406	Image-guided fluid collectior	Drainage of Abscess	January 2013	04			ACR, SIR	4.25	Codes Reported Togetl	January 2012	000	4	1.30	22.46	0.38	30720	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
49407	Image-guided fluid collectior	Drainage of Abscess	January 2013	04			ACR, SIR	4.50	Codes Reported Togetl	January 2012	000	4.25	1.33	17.98	0.44	170	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
49418	Insertion of tunneled intrape	Intraperitoneal Catheter (	April 2010	11			ACS, ACR,	4.21	Site of Service Anomal	February 2010	000	3.96	1.50	25.39	0.43	6703	FALSE			FALSE		February 2010	30		TRUE	Decrease
49420	Deleted from CPT	Insertion of Intraperitone	October 2009	40			ACS	Deleted from CPT	Site of Service Anomal	April 2008							FALSE			TRUE	At the April 2008	February 2010	30	Deleted	TRUE	Deleted from CPT
49421	Insertion of tunneled intrape	Intraperitoneal Catheter (	April 2010	11			ACS, ACR,	4.21	Site of Service Anomal	September 2007	000	4.21	1.51	NA	0.98	1208	FALSE			TRUE	At the April 2008	February 2010	30	Revised	TRUE	Decrease
49422	Removal of tunneled intrape	Removal of Intraperitone	April 2017	14			ACS, SVS	4.00	Site of Service Anomal	October 2016	000	4	1.64	NA	0.91	11413	FALSE			FALSE					TRUE	Decrease
49436	Delayed creation of exit site	Delayed Creation of Exit S	January 2022	16	January 2027	RAW	ACS	PE Inputs	CMS Request - Final Ru	November 2021	010	2.72	2.18	13.02	0.66	320	FALSE			FALSE					TRUE	PE Only
49505	Repair initial inguinal hernia,	RAW review	January 2012	30			ACS	Reaffirmed	CMS High Expenditure	September 2011	090	7.96	5.78	NA	1.97	39992	FALSE			FALSE					TRUE	Maintain
49507	Repair initial inguinal hernia,	Hernia Repair	February 2011	29			ACS	10.05	Site of Service Anomal	September 2007	090	9.09	6.33	NA	2.24	8416	FALSE			FALSE					TRUE	Maintain
49521	Repair recurrent inguinal he	Hernia Repair	February 2011	29			ACS	12.44	Site of Service Anomal	September 2007	090	11.48	7.20	NA	2.82	1576	FALSE			FALSE					TRUE	Maintain
49560	Repair initial incisional or ve	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090					15973	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49561	Repair initial incisional or ve	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090					10060	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49565	Repair recurrent incisional o	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	October 2019	090					3456	FALSE			TRUE	In October 2019	February 2021	18	complete	TRUE	Deleted from CPT
49566	Repair recurrent incisional o	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090					2765	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49568	Implantation of mesh or oth	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	ZZZ					20065	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49570	Repair epigastric hernia (eg,	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090					476	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49572	Repair epigastric hernia (eg,	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090					432	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49580	Repair umbilical hernia, you	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090					2	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49582	Repair umbilical hernia, you	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090						FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49585	Repair umbilical hernia, age	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090					14622	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49587	Repair umbilical hernia, age	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	September 2007	090					6203	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49590	Repair spigelian hernia	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT	Site of Service Anomal	February 2021	090					510	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49591	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	6.27	Site of Service Anomal	February 2021	000	5.96	2.79	NA	1.45		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49592	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	9.00	Site of Service Anomal	February 2021	000	8.46	3.65	NA	2.08		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49593	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	10.80	Site of Service Anomal	February 2021	000	10.26	4.35	NA	2.48		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49594	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	14.00	Site of Service Anomal	February 2021	000	13.46	5.50	NA	3.29		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49595	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	14.88	Site of Service Anomal	February 2021	000	13.94	5.70	NA	3.33		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49596	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	20.00	Site of Service Anomal	February 2021	000	18.67	7.42	NA	4.41		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49613	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	7.75	Site of Service Anomal	February 2021	000	7.42	3.38	NA	1.77		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49614	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	10.79	Site of Service Anomal	February 2021	000	10.25	4.32	NA	2.48		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49615	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	12.00	Site of Service Anomal	February 2021	000	11.46	4.84	NA	2.77		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49616	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	16.50	Site of Service Anomal	February 2021	000	15.55	6.28	NA	3.78		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease

49617	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	16.97		Site of Service Anomal	February 2021	000	16.03	6.57	NA	3.78		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease				
49618	Repair of anterior abdomina	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	24.00		Site of Service Anomal	February 2021	000	22.67	8.90	NA	5.39		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease				
49621	Repair of parastomal hernia,	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	14.24		Site of Service Anomal	February 2021	000	13.7	5.48	NA	2.93		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease				
49622	Repair of parastomal hernia,	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	18.00		Site of Service Anomal	February 2021	000	17.06	6.61	NA	3.61		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease				
49623	Removal of total or near tot	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	5.00		Site of Service Anomal	February 2021	ZZZ	3.75	1.34	NA	0.79		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease				
49652	Laparoscopy, surgical, repair	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT		Site of Service Anomal	June 2010	090					8623	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT				
49653	Laparoscopy, surgical, repair	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT		Site of Service Anomal	June 2010	090					6182	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT				
49654	Laparoscopy, surgical, repair	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT		Site of Service Anomal	June 2010	090					6511	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT				
49655	Laparoscopy, surgical, repair	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT		Site of Service Anomal	June 2010	090					4650	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT				
49656	Laparoscopy, surgical, repair	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT		Site of Service Anomal	February 2021	090					1292	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT				
49657	Laparoscopy, surgical, repair	Anterior Abdominal Hern	April 2021	09			ACS, ASCR	Deleted from CPT		Site of Service Anomal	February 2021	090					1395	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT				
50021	Drainage of perirenal or ren	Drainage of Abscess	January 2013	04				Deleted from CPT		Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT				
50080	Percutaneous nephrolithoto	Percutaneous Nephrostol	January 2022	08			AUA	13.50		Site of Service Anomal	October 2019	090	12.41	6.65	NA	1.49	2307	FALSE			TRUE	In January 2020,	September 2021	22	complete	TRUE	Decrease				
50081	Percutaneous nephrolithoto	Percutaneous Nephrostol	January 2022	08			AUA	22.00		Site of Service Anomal	October 2019	090	20.91	9.72	NA	2.48	5692	FALSE			TRUE	In January 2020,	September 2021	22	complete	TRUE	Decrease				
50200	Renal biopsy; percutaneous,	Interventional Radiology I	October 2008	13			ACR, SIR	New PE Inputs		CMS Request - Practice	NA	000	2.38	1.10	12.95	0.23	34139	FALSE			FALSE					TRUE	PE Only				
50360	Renal allotransplantation, in	Renal Allotransplantation	April 2013	21			ACR, SIR	40.90		Harvard-Valued Annua	July 2012	090	39.88	23.06	NA	9.58	11349	FALSE			FALSE					TRUE	Maintain				
50387	Removal and replacement of	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	2.00		Codes Reported Togetl	October 2012	000	1.75	0.50	14.90	0.18	7932	FALSE			FALSE		October 2014	18	Complete	TRUE	Maintain				
50392	Introduction of intracatheter	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	Deleted from CPT		Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	October 2014	18	Complete	TRUE	Deleted from CPT				
50393	Introduction of ureteral cath	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	Deleted from CPT		Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	October 2014	18	Complete	TRUE	Deleted from CPT				
50394	Injection procedure for pyel	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	Deleted from CPT		Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	October 2014	18	Complete	TRUE	Deleted from CPT				
50395	Introduction of guide into re	Dilation of Urinary Tract	January 2018	12			ACR, SIR	Deleted from CPT		Codes Reported Togetl	October 2014							FALSE			TRUE	In January 2015,	September 2017	19	complete	TRUE	Deleted from CPT				
50398	Change of nephrostomy or p	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	Deleted from CPT		Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	October 2014	18	Complete	TRUE	Deleted from CPT				
50430	Injection procedure for ante	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	3.15		Codes Reported Togetl	October 2014	000	2.9	1.29	15.86	0.30	818	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase				
50431	Injection procedure for ante	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	1.42		Codes Reported Togetl	October 2014	000	1.1	0.72	8.54	0.11	7737	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase				
50432	Placement of nephrostomy c	Dilation of Urinary Tract	January 2018	12			ACR, SIR	4.00		Codes Reported Togetl	October 2014	000	4	1.58	23.04	0.40	27988	FALSE			FALSE		October 2014	18	Complete	TRUE	Maintain				
50433	Placement of nephroureteral	Dilation of Urinary Tract	January 2018	12				5.05		Codes Reported Togetl	September 2017	000	5.05	1.86	28.63	0.51	5296	FALSE			FALSE					TRUE	Maintain				
50434	Convert nephrostomy cathet	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	4.20		Codes Reported Togetl	October 2014	000	3.75	1.45	23.33	0.37	2179	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase				
50435	Exchange nephrostomy cath	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	2.00		Codes Reported Togetl	October 2014	000	1.82	0.91	16.18	0.19	46485	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase				
50436	Dilation of existing tract, per	Dilation of Urinary Tract	January 2018	12				3.37		Codes Reported Togetl	September 2017	000	2.78	1.29	NA	0.29	455	FALSE			FALSE					TRUE	Decrease				
50437	Dilation of existing tract, per	Dilation of Urinary Tract	January 2018	12				5.44		Codes Reported Togetl	September 2017	000	4.85	1.95	NA	0.47	815	FALSE			FALSE					TRUE	Decrease				
50542	Laparoscopy, surgical; ablati	Laproscopic Procedures	October 2008	26			AUA	Remove from screen		CMS Fastest Growing	October 2008	090	21.36	10.38	NA	2.61	104	FALSE			FALSE					TRUE	Remove from Screen				
50548	Laparoscopy, surgical; nephr	Laproscopic Procedures	October 2008	26			AUA	Remove from screen		CMS Fastest Growing	October 2008	090	25.36	10.98	NA	3.06	2250	FALSE			FALSE					TRUE	Remove from Screen				
50590	Lithotripsy, extracorporeal sl	Lithotripsy	April 2012	42			AUA	9.77		CMS High Expenditure	September 2011	090	9.77	5.95	11.09	1.15	44587	FALSE			FALSE					TRUE	Maintain				
50605	Ureterotomy for insertion of	Ureterotomy	October 2015	21	RAW		AUA, SIR	Review action plan at t		CMS Fastest Growing /	October 2008	090	16.79	9.43	NA	3.75	2682	TRUE	Dec 2009	Yes	FALSE					TRUE	Maintain				
50606	Endoluminal biopsy of urete	Genitourinary Catheter Pr	April 2015	08			ACR, SIR	3.16		Codes Reported Togetl	October 2014	ZZZ	3.16	0.53	11.06	0.37	88	FALSE			TRUE		October 2014	18	Complete	TRUE	Increase				
50693	Placement of ureteral stent,	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	4.60		Codes Reported Togetl	October 2014	000	3.96	1.59	25.72	0.38	3734	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase				
50694	Placement of ureteral stent,	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	6.00		Codes Reported Togetl	October 2014	000	5.25	2.01	27.96	0.51	807	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase				
50695	Placement of ureteral stent,	Genitourinary Catheter Pr	January 2015	09			ACR, SIR	7.55		Codes Reported Togetl	October 2014	000	6.8	2.50	33.00	0.65	1158	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase				
50705	Ureteral embolization or occ	Genitourinary Catheter Pr	April 2015	08			ACR, SIR	4.03		Codes Reported Togetl	October 2014	ZZZ	4.03	0.67	51.21	0.49	67	FALSE			TRUE		October 2014	18	Complete	TRUE	Increase				
50706	Balloon dilation, ureteral stri	Genitourinary Catheter Pr	April 2015	08			ACR, SIR	3.80		Codes Reported Togetl	October 2014	ZZZ	3.8	1.08	21.16	0.38	1315	FALSE			TRUE		October 2014	18	Complete	TRUE	Increase				
51040	Cystostomy, cystotomy with	Cystostomy	September 2007	16			AUA	Reduce 99238 to 0.5		Site of Service Anomal	September 2007	090	4.49	3.61	NA	0.54	4081	FALSE			FALSE					TRUE	PE Only				
51102	Aspiration of bladder; with u	Urological Procedures	April 2008	45			AUA	2.70		Site of Service Anomal	September 2007	000	2.7	1.22	4.20	0.30	12932	FALSE			FALSE					TRUE	Decrease				
51700	Bladder irrigation, simple, la	Bladder Catheter	January 2016	32			AUA	0.60		CMS High Expenditure	July 2015	000	0.6	0.21	1.60	0.08	178463	FALSE			FALSE					TRUE	Decrease				
51701	Insertion of non-indwelling b	Bladder Catheter	January 2016	32			AUA	0.50		CMS High Expenditure	July 2015	000	0.5	0.18	0.76	0.07	142086	FALSE			FALSE					TRUE	Maintain				
51702	Insertion of temporary indw	Bladder Catheter	January 2016	32			AUA	0.50		CMS High Expenditure	July 2015	000	0.5	0.18	1.28	0.06	215814	FALSE			FALSE					TRUE	Maintain				
51703	Insertion of temporary indw	Bladder Catheter	January 2016	32			AUA	1.47		CMS High Expenditure	July 2015	000	1.47	0.60	2.83	0.18	51883	FALSE			FALSE					TRUE	Maintain				
51720	Bladder instillation of antica	Treatment of Bladder Les	January 2016	33			AUA	0.87		CMS High Expenditure	July 2015	000	0.87	0.31	1.64	0.11	164465	FALSE			FALSE					TRUE	Decrease				
51726	Complex cystometrogram (ir	Urodynamic Studies	April 2009	16			AUA, ACO	1.71		Codes Reported Togetl	February 2008	000	1.71	NA	7.14	0.19	3591	FALSE			TRUE	Referred to the (	February 2009	24	Complete	TRUE	Maintain				
51727	Complex cystometrogram (ir	Urodynamic Studies	April 2009	16			AUA, ACO	2.11		Codes Reported Togetl	February 2009	000	2.11	NA	8.62	0.24	1768	FALSE			FALSE					TRUE	Decrease				
51728	Complex cystometrogram (ir	Urodynamic Studies	September 2022	13			AUA, ACO	Refer to CPT Assistant.		Codes Reported Togetl	February 2009	000	2.11	NA	8.62	0.21	79629	TRUE	Aug or Sep 2023		FALSE					FALSE	Decrease				
51729	Complex cystometrogram (ir	Urodynamic Studies	September 2022	13			AUA, ACO	Refer to CPT Assistant.		Codes Reported Togetl	February 2009	000	2.51	NA	8.79	0.28	51510	TRUE	Aug or Sep 2023		FALSE					FALSE	Decrease				
51736	Simple uroflowmetry (ufr) (e	Uroflowmetry	October 2010	11			AUA	0.17		Harvard Valued - Utiliz	February 2010	XXX	0.17	NA	0.21	0.02	8620	FALSE			FALSE					TRUE	Decrease				
51741	Complex uroflowmetry (eg, (	Uroflowmetry	September 2022	13			AUA	Refer to CPT Assistant.		Harvard Valued - Utiliz	October 2009	XXX	0.17	NA	0.22	0.03	350551	TRUE	Aug or Sep 2023		FALSE					FALSE	Decrease				
51772	Deleted from CPT	Urodynamic Studies	April 2009	16			AUA	Deleted from CPT		Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	February 2009	24	Code Delete	TRUE	Deleted from CPT				
51784	Electromyography studies (e	Electromyography Studie	September 2022	13			AUA	Refer to CPT Assistant.		Codes Reported Togetl	October 2012	XXX	0.75	NA	1.08	0.08	120477	TRUE	Aug or Sep 2023		TRUE	The Joint Workg	February 2014	34	Complete	TRUE	Decrease				
51792	Stimulus evoked response (e	Urinary Reflex Studies wit	January 2019	37			AUA	CPT edits and CPT Assi		Codes Reported Togetl	October 2012	000	1.1	NA	6.91	0.14	4455	TRUE	Feb 2014	Yes	TRUE	The Joint Workg	February 2014	34	Complete	TRUE	Maintain				
51795	Deleted from CPT	Urology Studies	February 2008	S				Deleted from CPT		Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	February 2009	24	Code Delete	TRUE	Deleted from CPT				
51797	Voiding pressure studies, int	Urology Studies	February 2008	S				0.80		Codes Reported Togetl	February 2008	ZZZ	0.8	NA	4.90	0.08	97767	FALSE			TRUE	Referred to the (	February 2009	24	Code Revise	TRUE	Maintain				
51798	Measurement of post-voidin	Voiding Pressure Studies	April 2016	25			AUA	PE Only		CMS High Expenditure	July 2015	XXX	0	NA	0.31	0.01	1905320	FALSE			FALSE					TRUE	PE Only				
52000	Cystourethroscopy (separate	Cystourethroscopy	January 2016	35			AUA, ACO	1.75		MPC List / CMS High E	October 2010	000	1.53	0.64	5.49	0.19	802751	FALSE			FALSE					TRUE	Decrease				
52214	Cystourethroscopy, with fulg	Cystourethroscopy	October 2017	19			AUA	3.50		High Volume Growth1	June 2008	000	3.5	1.20	18.60	0.42	16046	TRUE	Aug 2009 ar	Yes	FALSE					TRUE	Decrease				
52224	Cystourethroscopy, with fulg	Cystourethroscopy	October 2017	19			AUA	4.05		High Volume Growth1	February 2008	000	4.05	1.39	18.98	0.49	29889	TRUE	Aug 2009 ar	Yes	FALSE					TRUE	Increase				
52234	Cystourethroscopy, with fulg	Cystourethroscopy and U	January 2021	29			AUA	4.62		Harvard Valued - Utiliz	September 2011	000	4.62	2.01	NA	0.55	25056	TRUE	May 2016	Yes	FALSE					TRUE	Maintain				
52235	Cystourethroscopy, with fulg	Cystourethroscopy and U	October 2017	19			AUA	5.44		Harvard Valued - Utiliz	April 2011	000	5.44	2.33	NA	0.65	32132	TRUE	May 2016	Yes	FALSE					TRUE	Maintain				
52240	Cystourethroscopy, with fulg	Cystourethroscopy and U	January 2021	29			AUA	8.75		Harvard Valued - Utiliz	September 2011	000	7.5	3.03	NA	0.90	20534	TRUE	May 2016	Yes	FALSE					TRUE	Decrease				
52281	Cystourethroscopy, with cali	Cystourethroscopy	April 2010	38			AUA	2.80		Harvard Valued - Utiliz	October 2009	000	2.75	1.36	6.70	0.34	52235	FALSE			FALSE					TRUE	Maintain				
52287	Cystourethroscopy, with injection(s) for chemodenerva		January 2020	37				Remove from Screen		High Volume Growth6	October 2019	000	3.2	1.35	8.06	0.41	55054	FALSE			FALSE					TRUE	Remove from Screen				
52332	Cystourethroscopy, with inse	Cystourethroscopy	April 2013	13			AUA	2.82		Harvard Valued - Utiliz	October 2009	000	2.82	1.38	8.88	0.35	142221	FALSE			TRUE	The Joint Workg	February 2013	15	Complete	TRUE	Maintain				
52334	Cystourethroscopy with inse	Dilation of Urinary Tract	January 2018	12				3.37		Codes Reported Togetl	September 2017	000	3.37	1.57	NA	0.41	232	FALSE			FALSE					TRUE	Decrease				
52341	Cystourethroscopy; with trea	Urological Procedures	October 2010	65			AUA	5.35		Site of Service Anomal	April 2008	000	5.35	2.30	NA	0.65	2071	FALSE			FALSE					TRUE	Decrease				
52342	Cystourethroscopy; with trea	Urological Procedures	October 2010	65			AUA	5.85		Site of Service Anomal	April 2008	000	5.85	2.47	NA	0.69	180	FALSE			FALSE					TRUE	Decrease				
52343	Cystourethroscopy; with trea	Urological Procedures	October 2010	65			AUA	6.55		Site of Service Anomal	April 2008	000	6.55	2.71	NA	0.78	28	FALSE			FALSE					TRUE	Decrease				
52344	Cystourethroscopy with uret	Urological Procedures	October 2010	65			AUA	7.05		Site of Service Anomal	September 2007	000	7.05	2.87	NA	0.83	3331	FALSE			FALSE					TRUE	Decrease				
52345	Cystourethroscopy with uret	Urological Procedures	October 2010	65			AUA	7.55		Site of Service Anomal	April 2008	000	7.55	3.04	NA	0.90	402	FALSE			FALSE					TRUE	Decrease				
52346	Cystourethroscopy with uret	Urological Procedures	October 2010	65			AUA	8.58		Site of Service Anomal	April 2008	000	8.58	3.40	NA	1.02	323	FALSE			FALSE					TRUE	Decrease				
52351	Cystourethroscopy, with ure	Cystourethroscopy and U	September 2011	23			AUA	5.75		Harvard Valued - Utiliz	September 2011	000	5.75	2.40	NA	0.67	21713	FALSE			FALSE					TRUE	Decrease				
52352	Cystourethroscopy, with ure	Cystourethroscopy and U	September 2011	23			AUA	6.75		Harvard Valued - Utiliz	September 2011	000	6.75	2.78	NA	0.80	21092	FALSE			FALSE					TRUE	Decrease				
52353	Cystourethroscopy, with ure	Cystourethroscopy	April 2013	13			AUA	7.50		Harvard Valued - Utiliz	April 2011	000	7.5	3.03	NA	0.90	10320	FALSE			TRUE	The Joint Workg	February 2013	15	Complete	TRUE	Decrease				
52354	Cystourethroscopy, with ure	Cystourethroscopy and U	September 2011	23			AUA	8.58		Harvard Valued - Utiliz	September 2011	000	8	3.20	NA	0.95	8674	FALSE			FALSE					TRUE	Increase				
52355	Cystourethroscopy, with ure	Cystourethroscopy and U	September 2011	23			AUA	10.00		Harvard Valued - Utiliz	September 2011	000	9	3.55	NA	1.06	857	FALSE			FALSE					TRUE	Increase				
52356	Cystourethroscopy, with ure	Cystourethroscopy	April 2013	13			AUA	8.00		Codes Reported Togetl	January 2013	000	8	3.16	NA	0.95	80680	FALSE			FALSE					TRUE	Decrease				
52400	Cystourethroscopy with incis	Urological Procedures	October 2010	65			AUA	8.69		Site of Service Anomal	September 2007	090	8.69	4.32	NA	1.03	64	FALSE			FALSE					TRUE	Decrease				
52442	Cystourethroscopy, with inse	PE Subcommittee	October 2020	24			AUA, AAC	Maintain		PE Units Screen	April 2020	ZZZ	1.01	0.35	24.99	0.12	107292	FALSE			FALSE					TRUE	Maintain				
52500	Transurethral resection of bl	Urological Procedures	October 2010	65			AUA	8.14		Site of Service Anomal	September 2007	090	8.14	5.46	NA	0.97	2446	FALSE			FALSE					TRUE	Decrease				
52601	Transurethral electrosurgica	Transurethral Electrosurg	April 2016	26			AUA	13.16		Site of Service Anomal	October 2015	090	13.16	6.74	NA	1.56	39991	FALSE			FALSE					TRUE	Decrease				
52640	Transurethral resection; of p	Urological Procedures	April 2008	45			AUA	4.79		Site of Service Anomal	September 2007	090	4.79	4.19	NA	0.58	1332	FALSE			FALSE					TRUE	Decrease				
52648	Laser vaporization of prostat	Laser Surgery of Prostate	April 2008	57			AUA	Remove from screen		High Volume Growth1	February 2008	090	12.15	6.84	34.77	1.45	15604	FALSE			FALSE					TRUE	Remove from Screen				
53445	Insertion of inflatable urethr	Urological Procedures	February 2011	31			AUA	13.00		Site of Service Anomal	September 2007	090	13	7.81	NA	1.55	1797	FALSE			FALSE					TRUE	Decrease				
53850	Transurethral destruction of	Transurethral Destruction	April 2012	43			AUA	10.08		CMS High Expenditure	September 2011	090	5.42	4.46	36.52	0.65	1154	FALSE			FALSE					TRUE	Maintain				
54405	Insertion of multi-componer	Urological Procedures	April 2008	45			AUA	14.39		Site of Service Anomal	September 2007	090	14.52	7.60	NA	1.73	4430	FALSE			FALSE					TRUE	Maintain				
54410	Removal and replacement of	Urological Procedures	February 2011	31			AUA	15.18		Site of Service Anomal	September 2007	090	15.18	8.49	NA	1.80	1146	FALSE			FALSE					TRUE	Decrease				
54520	Orchiectomy, simple (includi	Removal of Testical	September 2007	16			AUA	Reduce 99238 to 0.5		Site of Service Anomal	September 2007	090	5.3	3.74	NA	0.69	2184	FALSE			FALSE					TRUE	PE Only				
54530	Orchiectomy, radical, for tun	Urological Procedures	October 2010	65			AUA	8.46		Site of Service Anomal	September 2007	090	8.46	5.56	NA	1.06	1019	FALSE			FALSE					TRUE	Decrease				
55700	Biopsy, prostate; needle or p	Biopsy of Prostate	September 2022	13	January 2024	RUC	ACR, AUA	Refer to CPT. 2.50		CMS High Expenditure	July 2015	000	2.5	1.01	4.41	0.30	139901	FALSE			TRUE	In April 2022, th	September 2023			FALSE	Decrease				
55706	Biopsies, prostate, needle, tr	RAW	April 2014	52				Maintain		010-Day Global Post-O	January 2014	010	6.28	4.11	NA	0.73	2636	FALSE			FALSE					TRUE	Maintain				

55840	Prostatectomy, retropubic radical, with or without ner		April 2014	31			AUA	21.36	CMS Request - Final Ru	October 2013	090	21.36	10.48	NA	2.55	1345	FALSE			FALSE					TRUE	Decrease
55842	Prostatectomy, retropubic radical, with or without ner		April 2014	31			AUA	24.16	CMS Request - Final Ru	October 2013	090	21.36	10.48	NA	2.57	99	FALSE			FALSE					TRUE	Decrease
55845	Prostatectomy, retropubic ra	RAW	April 2014	31			AUA	29.07	CMS Request - Final Ru	July 2013	090	25.18	11.80	NA	3.02	589	FALSE			FALSE					TRUE	Decrease
55866	Laparoscopy, surgical prosta	Laparoscopic Radical Pros	April 2023	15	September 2023	RAW	AUA	Action plan. 26.80	New Technology / CMS	September 2007	090	22.46	10.04	NA	2.68	19282	FALSE			TRUE	The specialty society reported that it will su			Complete	TRUE	Decrease
55873	Cryosurgical ablation of the	Cryoablation of Prostate	February 2009	25			AUA	13.45	CMS Request - Practice	September 2007	090	13.6	7.35	157.69	1.61	1093	FALSE			FALSE					TRUE	Decrease
56515	Destruction of lesion(s), vulv	Destruction of Lesions	September 2007	16			ACOG	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	010	3.08	2.82	4.80	0.50	2305	FALSE			FALSE					TRUE	PE Only
56620	Vulvectomy simple; partial	Partial Removal of Vulva	February 2008	D			ACOG	7.35	Site of Service Anomal	September 2007	090	7.53	8.87	NA	1.25	2828	FALSE			FALSE					TRUE	Decrease
57150	Irrigation of vagina and/or a	Vaginal Treatments	April 2017	15			ACOG	0.50	CMS 000-Day Global Ty	July 2016	000	0.5	0.19	1.17	0.08	20062	FALSE			FALSE					TRUE	Decrease
57155	Insertion of uterine tandem	RAW	January 2017	30			ACOG, AS	5.40	Site of Service Anomal	September 2007	000	5.15	2.85	6.28	0.44	2548	FALSE			TRUE	ACOG conducte	October 2009	33	Complete	TRUE	Decrease
57156	Insertion of a vaginal radiati	RAW	January 2017	30			ACOG, AS	2.69	Site of Service Anomal	September 2007	000	2.69	1.60	3.95	0.22	15080	FALSE			FALSE		October 2009	33		TRUE	Decrease
57160	Fitting and insertion of pess	Vaginal Treatments	April 2017	15			ACOG	0.89	CMS 000-Day Global Ty	July 2016	000	0.89	0.34	1.21	0.14	74669	FALSE			FALSE					TRUE	Maintain
57240	Anterior colporrhaphy, repai	Colporrhaphy with Cystou	January 2017	14			ACOG	10.08	Site of Service Anomal	October 2015	090	10.08	6.79	NA	1.54	6409	FALSE			TRUE	In October 2015	September 2016	35	yes	TRUE	Decrease
57250	Posterior colporrhaphy, repa	Colporrhaphy with Cystou	January 2017	14			ACOG	10.08	Site of Service Anomal	April 2016	090	10.08	6.82	NA	1.60	7699	FALSE			TRUE	In October 2015	September 2016	35	yes	TRUE	Decrease
57260	Combined anteroposterior c	Colporrhaphy with Cystou	January 2017	14			ACOG	13.25	Site of Service Anomal	April 2016	090	13.25	8.02	NA	2.09	7785	FALSE			TRUE	In October 2015	September 2016	35	yes	TRUE	Decrease
57265	Combined anteroposterior c	Colporrhaphy with Cystou	January 2017	14			ACOG	15.00	Site of Service Anomal	April 2016	090	15	8.73	NA	2.42	3401	FALSE			TRUE	In October 2015	September 2016	35	yes	TRUE	Decrease
57282	Colpopexy, vaginal; extra-pe	Colpopexy	January 2020	26				13.48	Site of Service Anomal	October 2019	090	11.63	7.40	NA	1.79	5779	FALSE			FALSE					TRUE	Increase
57283	Colpopexy, vaginal; intra-per	Colpopexy	January 2020	26				13.51	Site of Service Anomal	October 2019	090	11.66	7.46	NA	1.88	4707	FALSE			FALSE					TRUE	Increase
57287	Removal or revision of sling	Urological Procedures	February 2008	C			AUA	10.97	Site of Service Anomal	September 2007	090	11.15	9.48	NA	1.63	1277	FALSE			FALSE					TRUE	Decrease
57288	Sling operation for stress inc	Sling Operation for Stress	February 2008	O			ACOG, AU	12.00	New Technology	September 2007	090	12.13	8.33	NA	1.79	18874	FALSE			FALSE					TRUE	Decrease
57425	Laparoscopy, surgical, colpo	Laparoscopic Colopexy	January 2020	27				18.02	Site of Service Anomal	October 2019	090	17.03	9.46	NA	2.61	9056	FALSE			FALSE					TRUE	Increase
58100	Endometrial sampling (biops	Biopsy of Uterus Lining	April 2017	16			ACOG	1.21	CMS 000-Day Global Ty	July 2016	000	1.21	0.48	1.66	0.19	61999	FALSE			FALSE					TRUE	Decrease
58110	Endometrial sampling (biops	Biopsy of Uterus Lining	April 2017	16			ACOG	0.77	CMS 000-Day Global Ty	April 2017	ZZZ	0.77	0.30	0.60	0.12	620	FALSE			FALSE					TRUE	Maintain
58555	Hysteroscopy, diagnostic (se	Hysteroscopy	January 2016	37			ACOG	3.07	CMS Request - Practice	NA	000	2.65	1.42	7.88	0.44	1257	FALSE			FALSE					TRUE	Decrease
58558	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	4.37	CMS Request - Practice	NA	000	4.17	2.03	35.64	0.69	41984	FALSE			FALSE					TRUE	Decrease
58559	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	5.54	CMS High Expenditure	July 2015	000	5.2	2.41	NA	0.84	105	FALSE			FALSE					TRUE	Decrease
58560	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	6.15	CMS High Expenditure	July 2015	000	5.75	2.61	NA	0.94	28	FALSE			FALSE					TRUE	Decrease
58561	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	7.00	CMS High Expenditure	July 2015	000	6.6	2.95	NA	1.10	2045	FALSE			FALSE					TRUE	Decrease
58562	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	4.17	CMS Request - Practice	NA	000	4	1.94	8.42	0.66	207	FALSE			FALSE					TRUE	Decrease
58563	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	4.62	CMS Request - Practice	NA	000	4.47	2.12	59.24	0.74	1758	FALSE			FALSE					TRUE	Decrease
58660	Laparoscopy, surgical; with l	Laproscopic Procedures	September 2007	16			AUA, ACO	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	11.59	6.70	NA	2.16	693	FALSE			FALSE					TRUE	PE Only
58661	Laparoscopy, surgical; with r	Laproscopic Procedures	September 2007	16			ACOG	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	010	11.35	6.31	NA	1.90	11255	FALSE			FALSE					TRUE	PE Only
58823	Drainage of pelvic abscess, t	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
59400	Routine obstetric care incluc	Obstetrical Care	October 2009	15			ACOG, AA	32.69	High IWPUT	February 2008	MMM	36.58	25.48	NA	9.82	2148	FALSE			FALSE					TRUE	Increase
59409	Vaginal delivery only (with o	Obstetrical Care	October 2009	15			ACOG, AA	14.37	High IWPUT	February 2008	MMM	14.37	5.76	NA	3.83	1129	FALSE			FALSE					TRUE	Increase
59410	Vaginal delivery only (with o	Obstetrical Care	October 2009	15			ACOG, AA	18.54	High IWPUT	February 2008	MMM	18.34	8.46	NA	4.94	601	FALSE			FALSE					TRUE	Increase
59412	External cephalic version, wi	Obstetrical Care	October 2009	15			ACOG, AA	1.71	High IWPUT	April 2008	MMM	1.71	0.85	NA	0.51	31	FALSE			FALSE					TRUE	Maintain
59414	Delivery of placenta (separat	Obstetrical Care	October 2009	15			ACOG, AA	1.61	High IWPUT	April 2008	MMM	1.61	0.63	NA	0.47	44	FALSE			FALSE					TRUE	Maintain
59425	Antepartum care only; 4-6 vi	Obstetrical Care	October 2009	15			ACOG, AA	6.31	High IWPUT	April 2008	MMM	7.8	3.08	6.96	2.10	525	FALSE			FALSE					TRUE	Decrease
59426	Antepartum care only; 7 or r	Obstetrical Care	October 2009	15			ACOG, AA	11.16	High IWPUT	April 2008	MMM	14.3	5.67	12.69	3.87	519	FALSE			FALSE					TRUE	Decrease
59430	Postpartum care only (separ	Obstetrical Care	October 2009	15			ACOG, AA	2.47	High IWPUT	April 2008	MMM	3.22	1.27	3.87	0.89	642	FALSE			FALSE					TRUE	Increase
59510	Routine obstetric care incluc	Obstetrical Care	October 2009	15			ACOG, AA	36.17	High IWPUT	February 2008	MMM	40.39	27.17	NA	11.97	1825	FALSE			FALSE					TRUE	Increase
59514	Cesarean delivery only;	Obstetrical Care	October 2009	15			ACOG, AA	16.13	High IWPUT	October 2008	MMM	16.13	6.33	NA	4.67	974	FALSE			FALSE					TRUE	Increase
59515	Cesarean delivery only; inclu	Obstetrical Care	October 2009	15			ACOG, AA	22.00	High IWPUT	April 2008	MMM	22.13	10.43	NA	6.51	602	FALSE			FALSE					TRUE	Increase
59610	Routine obstetric care incluc	Obstetrical Care	October 2009	15			ACOG, AA	34.40	High IWPUT	April 2008	MMM	38.29	25.58	NA	11.42	92	FALSE			FALSE					TRUE	Increase
59612	Vaginal delivery only, after p	Obstetrical Care	October 2009	15			ACOG, AA	16.09	High IWPUT	April 2008	MMM	16.09	6.22	NA	4.81	36	FALSE			FALSE					TRUE	Increase
59614	Vaginal delivery only, after p	Obstetrical Care	October 2009	15			ACOG, AA	20.26	High IWPUT	April 2008	MMM	20.06	8.24	NA	6.00	23	FALSE			FALSE					TRUE	Increase
59618	Routine obstetric care incluc	Obstetrical Care	October 2009	15			ACOG, AA	36.69	High IWPUT	April 2008	MMM	40.91	27.25	NA	12.22	17	FALSE			FALSE					TRUE	Increase
59620	Cesarean delivery only, follo	Obstetrical Care	October 2009	15			ACOG, AA	16.66	High IWPUT	April 2008	MMM	16.66	6.44	NA	4.97	14	FALSE			FALSE					TRUE	Decrease
59622	Cesarean delivery only, follo	Obstetrical Care	October 2009	15			ACOG, AA	22.53	High IWPUT	April 2008	MMM	22.66	11.13	NA	6.78	12	FALSE			FALSE					TRUE	Increase
60220	Total thyroid lobectomy, uni	Total Thyroid Lobectomy	April 2008	46			ACS, AAO-	12.29	Site of Service Anomal	September 2007	090	11.19	7.92	NA	2.09	6624	FALSE			FALSE					TRUE	Maintain
60225	Total thyroid lobectomy, uni	Total Thyroid Lobectomy	April 2008	46			ACS, AAO-	14.67	Site of Service Anomal	September 2007	090	14.79	10.46	NA	2.76	208	FALSE			FALSE					TRUE	Maintain
60520	Thymectomy, partial or total	RAW Review	January 2013	34				No reliable way to dete	CMS Request to Re-Rev	November 2011	090	17.16	10.19	NA	3.99	357	FALSE			FALSE					TRUE	Remove from Screen
60521	Thymectomy, partial or total	RAW Review	January 2013	34				No reliable way to dete	CMS Request to Re-Rev	November 2011	090	19.18	9.54	NA	4.54	220	FALSE			FALSE					TRUE	Remove from Screen
60522	Thymectomy, partial or total	RAW Review	January 2013	34				No reliable way to dete	CMS Request to Re-Rev	November 2011	090	23.48	11.24	NA	5.57	91	FALSE			FALSE					TRUE	Remove from Screen
61055	Cisternal or lateral cervical (	Myelography	April 2014	17				Editorial change	Codes Reported Togetl	January 2014	000	2.1	1.06	NA	0.35	135	FALSE			TRUE	This code chang	October 2013	21	Complete	TRUE	Remove from Screen
61624	Transcatheter permanent oc	RAW	September 2022	13	January 2024	RUC	AANS, ACI	Refer to CPT for code b	Codes Reported Togetl	April 2022	000	20.12	8.37	NA	6.06	9239	FALSE			TRUE	In April 2022, th	September 2023			FALSE	
61781	Stereotactic computer-assist	Stereotactic Computer-As	February 2010	13			NASS, AAN	3.75	CMS Fastest Growing	October 2009	ZZZ	3.75	1.80	NA	1.51	15500	FALSE			FALSE		October 2009	34		TRUE	Decrease
61782	Stereotactic computer-assist	Stereotactic Computer-As	February 2010	13			NASS, AAN	3.18	CMS Fastest Growing	October 2009	ZZZ	3.18	1.50	NA	0.46	16258	FALSE			FALSE		October 2009	34		TRUE	Decrease
61783	Stereotactic computer-assist	Stereotactic Computer-As	February 2010	13			NASS, AAN	3.75	CMS Fastest Growing	October 2009	ZZZ	3.75	1.84	NA	1.32	23110	FALSE			FALSE		October 2009	34		TRUE	Decrease
61793	Deleted from CPT	Stereotactic Radiosurgery	October 2008	26			AANS	Deleted from CPT	CMS Fastest Growing, S	September 2007							FALSE			FALSE		February 2008			TRUE	Deleted from CPT
61795	Deleted from CPT	Stereotactic Radiosurgery	February 2009	38			NASS, AAC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The specialty co	October 2009	34	Code Delete	TRUE	Deleted from CPT
61796	Stereotactic radiosurgery (pa	Stereotactic Radiosurgery	February 2009	38				15.50	CMS Request - 2009 Fi	NA	090	13.93	11.30	NA	5.60	6056	FALSE			FALSE					TRUE	Decrease
61797	Stereotactic radiosurgery (pa	Stereotactic Radiosurgery	February 2009	38				3.48	CMS Request - 2009 Fi	NA	ZZZ	3.48	1.67	NA	1.39	7926	FALSE			FALSE					TRUE	Decrease
61798	Stereotactic radiosurgery (pa	Stereotactic Radiosurgery	February 2009	38				19.75	CMS Request - 2009 Fi	NA	090	19.85	14.01	NA	7.82	3065	FALSE			FALSE					TRUE	Decrease
61799	Stereotactic radiosurgery (pa	Stereotactic Radiosurgery	February 2009	38				4.81	CMS Request - 2009 Fi	NA	ZZZ	4.81	2.31	NA	1.93	764	FALSE			FALSE					TRUE	Decrease
61800	Application of stereotactic h	Stereotactic Radiosurgery	April 2008	16				2.25	CMS Fastest Growing, S	February 2008	ZZZ	2.25	1.36	NA	0.91	4244	FALSE			FALSE					TRUE	Decrease
61885	Insertion or replacement of	Vagal Nerve Stimulator	February 2010	14			AANS/CNS	6.44	Site of Service Anomal	September 2007	090	6.05	7.59	NA	2.35	4573	FALSE			TRUE	In Feb 2009, the	October 2009	35	Complete	TRUE	Decrease
62263	Percutaneous lysis of epidur	Epidual Lysis	October 2010	66			AAPM, AA	6.54	Site of Service Anomal	September 2007	010	5	3.94	13.64	0.47	167	FALSE			FALSE					TRUE	Maintain
62270	Spinal puncture, lumbar, dia	Lumbar Puncture	January 2019	09			ACR, ASNF	1.44	Different Performing S	October 2017	000	1.22	0.41	2.53	0.23	24458	FALSE			TRUE	In January 2018,	September 2018	24	Complete	TRUE	Increase
62272	Spinal puncture, therapeutic	Lumbar Puncture	January 2019	09				1.80	Different Performing S	September 2018	000	1.58	0.69	3.34	0.43	3414	FALSE			FALSE		September 2018	24	Complete	TRUE	Increase
62281	Injection/infusion of neuroly	Injection of Neurolytic Ag	September 2007	16			ASA	Remove 99238	Site of Service Anomal	September 2007	010	2.66	1.80	4.29	0.25	198	TRUE	Q&A May 2(	Yes	FALSE					TRUE	PE Only
62284	Injection procedure for myel	Myelography	April 2014	17			ACR, ASNF	1.54	Codes Reported Togetl	October 2012	000	1.54	0.77	4.01	0.18	15012	FALSE			TRUE	Joint Workgroup	October 2013	21	Complete	TRUE	Maintain
62287	Decompression procedure, p	Percutaneous Diskectomy	September 2007	16			ASA	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	9.03	6.86	NA	0.90	87	FALSE			FALSE					TRUE	PE Only
62290	Injection procedure for disc	Injection for discography	April 2010	45			ASA, AAPN	3.00, CPT Assistant arti	Different Performing S	October 2009	000	3	1.38	7.24	0.27	5927	TRUE	Mar 2011	Yes	FALSE					TRUE	Maintain
62302	Myelography via lumbar inje	Myelography	April 2014	17			ACR, ASNF	2.29	Codes Reported Togetl	October 2012	000	2.29	1.01	5.23	0.22	2683	FALSE			TRUE	Joint Workgroup	October 2013	21	Complete	TRUE	Decrease
62303	Myelography via lumbar inje	Myelography	April 2014	17			ACR, ASNF	2.29	Codes Reported Togetl	October 2012	000	2.29	1.01	5.37	0.22	311	FALSE			TRUE	Joint Workgroup	October 2013	21	Complete	TRUE	Decrease
62304	Myelography via lumbar inje	Myelography	April 2014	17			ACR, ASNF	2.25	Codes Reported Togetl	October 2012	000	2.25	1.00	5.22	0.22	11749	FALSE			TRUE	Joint Workgroup	October 2013	21	Complete	TRUE	Decrease
62305	Myelography via lumbar inje	Myelography	April 2014	17			ACR, ASNF	2.35	Codes Reported Togetl	October 2012	000	2.35	1.04	5.79	0.22	5024	FALSE			TRUE	Joint Workgroup	October 2013	21	Complete	TRUE	Decrease
62310	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AAPM, AA	Deleted from CPT	CMS High Expenditure	January 2012							FALSE			TRUE	In the NPRM for	May 2015	15	Complete	TRUE	Deleted from CPT
62311	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AAPM, AA	Deleted from CPT	CMS High Expenditure	September 2011							FALSE			TRUE	In the NPRM for	May 2015	15	Complete	TRUE	Deleted from CPT
62318	Injection(s), including indwel	Epidural Injections	October 2015	10		RUC	AAPM, AA	Deleted from CPT	CMS High Expenditure	January 2012							FALSE			TRUE	In the NPRM for	May 2015	15	Complete	TRUE	Deleted from CPT
62319	Injection(s), including indwel	Epidural Injections	October 2015	10		RUC	AAPM, AA	Deleted from CPT	CMS High Expenditure	January 2012							FALSE			TRUE	In the NPRM for	May 2015	15	Complete	TRUE	Deleted from CPT
62320	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AANS, AAI	1.80	Final Rule for 2015	May 2015	000	1.8	0.92	2.89	0.26	3525	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62321	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AANS, AAI	1.95	Final Rule for 2015	May 2015	000	1.95	1.01	5.71	0.19	192290	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62322	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AANS, AAI	1.55	Final Rule for 2015	May 2015	000	1.55	0.65	2.41	0.18	28139	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62323	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AANS, AAI	1.80	Final Rule for 2015	May 2015	000	1.8	0.94	5.76	0.18	603606	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62324	Injection(s), including indwel	Epidural Injections	October 2015	10		RUC	AANS, AAI	1.89	Final Rule for 2015	May 2015	000	1.89	0.58	2.07	0.17	13434	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62325	Injection(s), including indwel	Epidural Injections	October 2015	10		RUC	AANS, AAI	2.20	Final Rule for 2015	May 2015	000	2.2	0.88	5.20	0.20	846	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62326	Injection(s), including indwel	Epidural Injections	October 2015	10		RUC	AANS, AAI	1.78	Final Rule for 2015	May 2015	000	1.78	0.59	2.21	0.17	2184	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62327	Injection(s), including indwel	Epidural Injections	October 2015	10		RUC	AANS, AAI	1.90	Final Rule for 2015	May 2015	000	1.9	1.03	5.96	0.19	1530	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62328	Spinal puncture, lumbar, dia	Lumbar Puncture	January 2019	09				1.95	Different Performing S	September 2018	000	1.73	0.63	5.03	0.19	42476	FALSE			FALSE		September 2018	24	Complete	TRUE	Increase
62329	Spinal puncture, therapeutic	Lumbar Puncture	January 2019	09				2.25	Different Performing S	September 2018	000	2.03	0.80	6.18	0.38	2148	FALSE			FALSE		September 2018	24	Complete	TRUE	Increase
62350	Implantation, revision or rep	Intrathecal Epidural Cathe	October 2010	67			AAPM, AA	6.05	Site of Service Anomal	September 2007	010	6.05	4.68	NA	1.17	4451	FALSE			FALSE					TRUE	Decrease
62355	Removal of previously impla	Intrathecal Epidural Cathe	October 2010	67			AAPM, AA	4.35	Site of Service Anomal	September 2007	010	3.55	3.89	NA	0.82	913	FALSE			FALSE					TRUE	Decrease

62360	Implantation or replacement	Intrathecal Epidural Cathe	October 2010	67			AAPMR, A	4.33	Site of Service Anomal	April 2008	010	4.33	4.21	NA	1.02	205	FALSE			FALSE					TRUE	Decrease						
62361	Implantation or replacement	Intrathecal Epidural Cathe	October 2010	67			AAPM, AA	5.65	Site of Service Anomal	April 2008	010	5	6.15	NA	2.02	40	FALSE			FALSE					TRUE	Decrease						
62362	Implantation or replacement	Intrathecal Epidural Cathe	October 2010	67			AAPM, AA	6.10	Site of Service Anomal	September 2007	010	5.6	4.67	NA	1.28	6583	FALSE			FALSE					TRUE	Decrease						
62365	Removal of subcutaneous re	Intrathecal Epidural Cathe	October 2010	67			AAPMR, A	4.65	Site of Service Anomal	September 2007	010	3.93	4.00	NA	0.97	994	FALSE			FALSE					TRUE	Decrease						
62367	Electronic analysis of progra	Electronic Analysis Implar	April 2018	14			AAPM, AA	New PE inputs. 0.48	Different Performing S	October 2009	XXX	0.48	0.19	0.41	0.06	7208	FALSE			TRUE	Identified throu	October 2010	49	Complete	TRUE	Maintain						
62368	Electronic analysis of progra	Electronic Analysis Implar	April 2018	14			AAPM, AA	New PE inputs. 0.67	Different Performing S	October 2009	XXX	0.67	0.27	0.56	0.08	34198	FALSE			TRUE	Identified throu	October 2010	49	Complete	TRUE	Decrease						
62369	Electronic analysis of progra	Electronic Analysis Implar	April 2018	14			AAPM, AA	New PE inputs. 0.67	Codes Reported Togetl	October 2010	XXX	0.67	0.28	2.00	0.08	24182	FALSE			TRUE		October 2010	49	Complete	TRUE	Decrease						
62370	Electronic analysis of progra	Electronic Analysis Implar	April 2018	14			AAPM, AA	New PE inputs. 1.10	Codes Reported Togetl	October 2010	XXX	0.9	0.36	1.77	0.10	94529	FALSE			TRUE		October 2010	49	Complete	TRUE	Decrease						
63020	Laminotomy (hemilaminectc	Lumbar Laminotomy with	January 2022	17			AANS, AA(	15.95	Site of Service Anomal	January 2022	090	14.91	13.40	NA	4.74	927	FALSE			FALSE					TRUE	Decrease						
63030	Laminotomy (hemilaminectc	Lumbar Laminotomy with	January 2022	17			AANS, AA(	13.18	Pre-Time Analysis / Sit	January 2014	090	12	11.75	NA	3.78	21722	FALSE			TRUE	In October 2018	September 2021		CCA rejectec	TRUE	Maintain						
63035	Laminotomy (hemilaminectc	Lumbar Laminotomy with	January 2022	17			AANS, AA(	4.00	Site of Service Anomal	January 2022	ZZZ	3.86	1.92	NA	1.19	5203	FALSE			FALSE					TRUE	Increase						
63042	Laminotomy (hemilaminectc	RAW	September 2014	21			AANS, AA(	Maintain work RVU an	Pre-Time Analysis	January 2014	090	18.76	14.72	NA	5.45	8780	FALSE			FALSE					TRUE	Maintain						
63045	Laminectomy, facetectomy a	Laminectomy	September 2014	16		RUC Review work ar		17.95	CMS Request - Final Ru	November 2013	090	17.95	14.63	NA	6.26	10176	FALSE			FALSE					TRUE	Maintain						
63046	Laminectomy, facetectomy a	Laminectomy	September 2014	16		RUC Review work ar		17.25	CMS Request - Final Ru	November 2013	090	17.25	14.15	NA	5.63	3910	FALSE			FALSE					TRUE	Maintain						
63047	Laminectomy, facetectomy a	Laminectomy	January 2013	24			NASS, AA	15.37	CMS High Expenditure	September 2011	090	15.37	13.14	NA	4.81	85737	FALSE			FALSE					TRUE	Maintain						
63048	Laminectomy, facetectomy a	Laminectomy	January 2013	24			NASS, AA	3.47	CMS High Expenditure	January 2012	ZZZ	3.47	1.73	NA	1.06	110425	FALSE			FALSE					TRUE	Maintain						
63056	Transpedicular approach wit	RAW	October 2015	21		RAW	NASS, AA	Review action plan at F	CMS Fastest Growing /	October 2008	090	21.86	15.94	NA	7.10	4890	TRUE	Oct 2009	Yes	TRUE	The specialty no	February 2010		Complete	TRUE	Maintain						
63075	Discectomy, anterior, with d	Arthrodesis Including Disc	February 2010	5			NASS, AA	19.60	Codes Reported Togetl	February 2008	090	19.6	15.00	NA	6.24	243	FALSE			TRUE	Referred to the (	October 2009	21	Complete	TRUE	Maintain						
63076	Discectomy, anterior, with d	Arthrodesis Including Disc	February 2010	5			NASS, AA	4.04	Codes Reported Together	95% or More	ZZZ	4.04	2.02	NA	1.17	163	FALSE			FALSE		October 2009	21		TRUE	Maintain						
63081	Vertebral corpectomy (verte	RAW	September 2022	13			AANS, AA(	Refer to CPT Assistant	Codes Reported Togetl	April 2022	090	26.1	18.39	NA	8.36	3920	TRUE	Jul 2023		FALSE					FALSE						
63090	Vertebral corpectomy (verte	Vertebral Corpectomy wit	September 2022	13			AAOS, AA	Maintain	Codes Reported Togetl	January 2015	090	30.93	19.06	NA	8.24	687	FALSE			TRUE	In January 2015	September 2016	20	yes	TRUE	Maintain						
63620	Stereotactic radiosurgery (p	Stereotactic Radiosurgery	February 2009	38				15.50	CMS Request - 2009 Fi	NA	090	15.6	12.16	NA	6.32	546	FALSE			FALSE					TRUE	Decrease						
63621	Stereotactic radiosurgery (p	Stereotactic Radiosurgery	February 2009	38				4.00	CMS Request - 2009 Fi	NA	ZZZ	4	1.93	NA	1.61	181	FALSE			FALSE					TRUE	Decrease						
63650	Percutaneous implantation c	Percutaneous implantatic	October 2020	24			AAPM, AA	7.20. New PE Inputs	Site of Service Anomal	September 2007	010	7.15	4.33	61.14	0.79	79217	FALSE			FALSE					TRUE	Decrease						
63655	Laminectomy for implantatic	Neurostimulator (Spinal)	April 2009	17			NASS, AA	11.43	CMS Fastest Growing	October 2008	090	10.92	10.67	NA	3.73	6491	FALSE			FALSE					TRUE	Maintain						
63660	Deleted from CPT	Neurostimulator (Spinal)	April 2009	17			AAPM, AA	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	The RUC recomr	October 2008	19	Code Delete	TRUE	Deleted from CPT						
63661	Removal of spinal neurostim	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS	5.03	Site of Service Anomal	April 2008	010	5.08	3.75	14.48	0.97	3609	FALSE			FALSE					TRUE	Decrease						
63662	Removal of spinal neurostim	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS	10.87	Site of Service Anomal	April 2008	090	11	10.84	NA	3.78	2003	FALSE			FALSE					TRUE	Decrease						
63663	Revision including replacem	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS	70	Site of Service Anomal	April 2008	010	7.75	4.56	18.19	1.10	1474	FALSE			FALSE					TRUE	Decrease						
63664	Revision including replacem	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS	11.39	Site of Service Anomal	April 2008	090	11.52	11.16	NA	4.04	596	FALSE			FALSE					TRUE	Decrease						
63685	Insertion or replacement of	Spinal Neurostimulator	September 2022	04			AANS, AA	5.19	Site of Service Anomal	September 2007	010	5.19	4.54	NA	1.11	25656	FALSE			FALSE					TRUE	Decrease						
63688	Revision or removal of impla	Spinal Neurostimulator	September 2022	04			AANS, AA	4.35	Site of Service Anomal	September 2007	010	5.3	4.72	NA	1.19	7334	FALSE			FALSE					TRUE	Decrease						
64400	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAN, AAP	1.00	Added as part of famil	October 2021	000	0.75	0.56	2.42	0.19	37721	FALSE			FALSE					TRUE	Decrease						
64405	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAN, AAP	0.94	CMS 000-Day Global T	July 2016	000	0.94	0.41	1.08	0.22	122806	FALSE			FALSE					TRUE	Maintain						
64408	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, NA	0.90	Added as part of famil	October 2021	000	0.75	0.48	1.60	0.11	1288	FALSE			FALSE					TRUE	Decrease						
64412	Injection, anesthetic agent; s	Anesthetic Injection – Spi	April 2014	36			AAN, ASA,	Deleted from CPT	High Volume Growth2	April 2013							TRUE	FAQ Sept 2(	Yes	TRUE	In April 2013, CP	October 2014	21	Complete	TRUE	Deleted from CPT						
64415	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AS	1.50	CMS Fastest Growing	October 2008	000	1.5	0.43	2.41	0.12	188043	TRUE	Dec 2011 &	Yes	TRUE	During the Octol	May 2021	14	complete	TRUE	Increase						
64416	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AS	1.80	Site of Service Anomal	September 2007	000	1.8	0.34	NA	0.17	14334	FALSE			TRUE	During the Octol	May 2021	14	complete	TRUE	Decrease						
64417	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AS	1.31	part of New/Revised R	October 2018	000	1.31	0.44	3.36	0.12	15954	FALSE			TRUE	During the Octol	May 2021	14	complete	TRUE	Decrease						
64418	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, SIS	1.10	Harvard Valued - Utiliz	October 2015	000	1.1	0.43	1.38	0.12	29207	FALSE			FALSE					TRUE	Decrease						
64420	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AA	1.18	Added as part of famil	October 2021	000	1.08	0.55	1.73	0.10	20712	FALSE			FALSE					TRUE	Maintain						
64421	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AA	0.60	Added as part of famil	October 2021	ZZZ	0.5	0.18	0.44	0.04	18781	FALSE			FALSE					TRUE	Decrease						
64425	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AA	1.19	Added as part of famil	October 2021	000	1	0.52	2.21	0.10	7700	FALSE			FALSE					TRUE	Decrease						
64430	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AC	1.15	Added as part of famil	October 2021	000	1	0.50	1.83	0.12	4666	FALSE			FALSE					TRUE	Decrease						
64435	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AC	0.75	Added as part of famil	October 2021	000	0.75	0.42	1.56	0.12	43	FALSE			FALSE					TRUE	Decrease						
64445	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AA	1.39	CMS Fastest Growing	October 2008	000	1.39	0.61	3.26	0.17	128862	TRUE	Dec 2011 &	Yes	FALSE					TRUE	Decrease						
64446	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AS	1.75	Site of Service Anomal	February 2008	000	1.75	0.34	NA	0.17	5217	FALSE			TRUE	During the Octol	May 2021	14	complete	TRUE	Decrease						
64447	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AS	1.34	CMS Fastest Growing /	October 2008	000	1.34	0.41	2.03	0.11	301602	TRUE	Dec 2011 &	Yes	TRUE	During the Octol	May 2021	14	complete	TRUE	Decrease						
64448	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AS	1.68	Site of Service Anomal	February 2008	000	1.68	0.31	NA	0.14	30575	FALSE			TRUE	During the Octol	May 2021	14	complete	TRUE	Increase						
64449	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, NA	1.55	Site of Service Anomal	September 2007	000	1.27	0.44	NA	0.12	1298	FALSE			TRUE	The RUC recomr	February 2008	31	Complete	TRUE	Decrease						
64450	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AA	0.75	Harvard Valued - Utiliz	October 2009	000	0.75	0.41	1.41	0.08	363846	TRUE	Jan 2013	Yes	FALSE					TRUE	Maintain						
64451	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AA	1.52	Added as part of famil	October 2021	000	1.52	0.75	5.16	0.14	21967	FALSE			FALSE					TRUE	Maintain						
64454	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, NA	1.52	Added as part of famil	October 2021	000	1.52	0.76	4.96	0.14	37945	FALSE			FALSE					TRUE	Maintain						
64455	Injection(s), anesthetic agen	Somatic Nerve Injections	October 2021	05			AAPM, AP	0.75	High Volume Growth4	October 2016	000	0.75	0.18	0.67	0.06	68180	FALSE			FALSE					TRUE	Maintain						
64470	Deleted from CPT	Injection Anesthetic Agen	April 2008	57			ASA, NASS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2009	28	Code Delete	TRUE	Deleted from CPT						
64472	Deleted from CPT	Injection Anesthetic Agen	April 2008	57			ASA, NASS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recomr	February 2009	28	Code Delete	TRUE	Deleted from CPT						
64475	Deleted from CPT	Injection Anesthetic Agen	April 2008	57			ASA, NASS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2009	28	Code Delete	TRUE	Deleted from CPT						
64476	Deleted from CPT	Injection Anesthetic Agen	April 2008	57			ASA, NASS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2009	28	Code Delete	TRUE	Deleted from CPT						
64479	Injection(s), anesthetic agen	Injection Anesthetic Agen	October 2009	05			AAPM, ISI	2.29	CMS Fastest Growing	October 2008	000	2.29	1.34	5.42	0.22	40431	FALSE			TRUE	The RUC recomr	June 2009	19	CPT Editoria	TRUE	Increase						
64480	Injection(s), anesthetic agen	Injection Anesthetic Agen	October 2009	05			AAPM, ISI	1.20	CMS Fastest Growing	October 2008	ZZZ	1.2	0.49	2.70	0.12	17260	FALSE			TRUE	The RUC recomr	June 2009	19	CPT Editoria	TRUE	Decrease						
64483	Injection(s), anesthetic agen	Injection of Anesthetic Ag	October 2009	05			AAPM, ISI	1.90	CMS Fastest Growing	October 2008	000	1.9	1.19	5.28	0.18	956821	FALSE			TRUE	The RUC recomr	June 2009	19	CPT Editoria	TRUE	Decrease						
64484	Injection(s), anesthetic agen	Injection of Anesthetic Ag	October 2009	05			AAPM, ISI	1.00	CMS Fastest Growing	October 2008	ZZZ	1	0.42	2.24	0.10	378950	FALSE			TRUE	The Workgroup	June 2009	19	CPT Editoria	TRUE	Decrease						
64488	Transversus abdominis plan	RAW	September 2022	13			ANA, ASA	Maintain	High Volume Growth8	April 2022	000	1.6	0.30	2.43	0.12	63110	FALSE			FALSE					TRUE	Maintain						
64490	Injection(s), diagnostic or th	Facet Joint Injections	April 2009	18			ASA, NASS	1.82	High Volume Growth1		000	1.82	1.10	3.70	0.18	230815	FALSE			FALSE					TRUE	Decrease						
64491	Injection(s), diagnostic or th	Facet Joint Injections	April 2009	18			ASA, NASS	1.16	High Volume Growth1		ZZZ	1.16	0.47	1.61	0.12	205617	FALSE			FALSE					TRUE	Decrease						
64492	Injection(s), diagnostic or th	Facet Joint Injections	April 2009	18			ASA, NASS	1.16	High Volume Growth1		ZZZ	1.16	0.50	1.63	0.12	43472	FALSE			FALSE					TRUE	Decrease						
64493	Injection(s), diagnostic or th	Facet Joint Injections	April 2009	18			ASA, NASS	1.52	High Volume Growth1		000	1.52	0.98	3.58	0.17	783861	FALSE			FALSE					TRUE	Decrease						
64494	Injection(s), diagnostic or th	Facet Joint Injections	April 2009	18			ASA, NASS	1.00	High Volume Growth1		ZZZ	1	0.41	1.60	0.10	697875	FALSE			FALSE					TRUE	Decrease						
64495	Injection(s), diagnostic or th	Facet Joint Injections	April 2009	18			ASA, NASS	1.00	High Volume Growth1		ZZZ	1	0.43	1.60	0.10	122717	FALSE			FALSE					TRUE	Decrease						
64510	Injection, anesthetic agent; s	Fluroscopy	April 2009	27			ASA, ISIS,	New PE inputs	CMS Request - Practice	April 2009	000	1.22	0.94	3.04	0.11	5905	FALSE			FALSE					TRUE	PE Only						
64520	Injection, anesthetic agent; l	Fluroscopy	April 2009	27			ASA, ISIS,	PE Review - no change	CMS Request - Practice	April 2009	000	1.35	1.02	5.40	0.12	14830	FALSE			FALSE					TRUE	PE Only						
64550	Application of surface (trans	Percutaneous Neurostim	January 2017	29			AANS, CN!	Deleted from CPT	Final Rule for 2015	January 2017							FALSE			TRUE	In September 2(	June 2017	12	yes	TRUE	Deleted from CPT						
64553	Percutaneous implantation c	Percutaneous Neurostim	January 2017	15	RUC		AANS, CN!	6.13	Final Rule for 2015	July 2014	010	6.13	4.75	69.03	0.80	192	FALSE			TRUE	The RUC discuss	September 2016	36	yes	TRUE	Increase						
64555	Percutaneous implantation c	Percutaneous Neurostim	January 2019	37			AANS, CN!	5.76. Article published	High Volume Growth1	February 2008	010	5.76	3.25	58.43	0.64	7898	TRUE	Jan 2016	Yes	TRUE	The RUC discuss	September 2016	36	yes	TRUE	Increase						
64561	Percutaneous implantation c	Percutaneous Neurostim	October 2020	24			AANS, CN!	5.44. 99214 visit appro	CMS Fastest Growing /	October 2008	010	5.44	2.82	16.04	0.72	17727	FALSE			FALSE		September 2016	36	yes	TRUE	Decrease						
64565	Percutaneous implantation c	Percutaneous Neurostim	January 2017	15			AANS, CN!	Deleted from CPT	Final Rule for 2015	January 2017							FALSE			FALSE		September 2016	36	yes	TRUE	Deleted from CPT						
64566	Posterior tibial neurostimula	Posterior Tibial Neurostin	January 2019	37			ACOG, AU	0.60	CMS Request - Final Ru	July 2013	000	0.6	0.21	2.83	0.08	165975	FALSE			FALSE					TRUE	Maintain						
64568	Open implantation of cranial	Vagus Nerve Stimulator	February 2010	14			AANS/CN!	11.19	Site of Service Anomal	February 2009	090	9	7.19	NA	1.81	2011	FALSE			FALSE		October 2009	35		TRUE	Decrease						
64573	Deleted from CPT	Neurosurgical Procedures	February 2009	28			AANS/CN!	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			TRUE	In Feb 2009, the	October 2009	35	Code Delete	TRUE	Deleted from CPT						
64581	Open implantation of neuro	Urological Procedures	January 2016	54			AUA	12.20. 99214 visit appr	Site of Service Anomal	September 2007	090	12.2	5.62	NA	1.63	12912	FALSE			FALSE					TRUE	Decrease						
64590	Insertion or replacement of	Skin Adhesives (PE Only)	April 2023	07	September 2023	RAW	ACOG, AU	Action Plan. New PE In	Harvard-Valued Annua	April 2022	010	2.45	1.99	5.07	0.35	15130	TRUE			TRUE	In October 2017,	this service was identified		Code incorre	FALSE	Remove from Screen						
64595	Revision or removal of perip	Skin Adhesives (PE Only)	April 2023	07		RAW	ACOG, AU	New PE Inputs. CPT As	RUC recommendation	April 2022	010	1.78	1.76	4.91	0.25	3062	TRUE			FALSE					FALSE						
64615	Chemodenervation of muscle(s); muscle(s) innervated		October 2020	23			AAN, AAN	Maintain	High Volume Growth6	October 2019	010	1.85	1.18	2.13	0.65	149976	FALSE			FALSE					TRUE	Maintain						
64622	Destruction by neurolytic ag	Fluroscopy	April 2009	27			ASA, ISIS,	PE Review - no change	CMS Request - Practice	April 2008							FALSE			TRUE	The Executive C	June 2008 and Feb	EC & 7	Code Delete	TRUE	Deleted from CPT						
64623	Destruction by neurolytic ag	Destruction by Neurolytic	April 2008	57			ASA, NASS	Deleted from CPT	High Volume Growth1,	February 2008							FALSE			TRUE	The Executive C	June 2008 and Feb	EC & 7	Code Delete	TRUE	Deleted from CPT						
64626	Destruction by neurolytic ag	Fluroscopy	April 2009	27			ASA, ISIS,	PE Review - no change	CMS Request - Practice	April 2008							FALSE			TRUE	The Executive C	June 2008 and Feb	EC & 7	Code Delete	TRUE	Deleted from CPT						
64627	Destruction by neurolytic ag	Destruction by Neurolytic	April 2008	57			ASA, NASS	Deleted from CPT	High Volume Growth1,	April 2008							FALSE			TRUE	The Executive C	June 2008 and Feb	EC & 7	Code Delete	TRUE	Deleted from CPT						
64633	Destruction by neurolytic ag	Destruction by Neurolytic	October 2020	17			ASA, AAPI	3.42	Work Neutrality Revie	September 2014	010	3.32	2.03	9.48	0.30	86057	TRUE	Feb 2015	Yes	TRUE	In February 201	May 2015	20	complete	TRUE	Decrease						
64634	Destruction by neurolytic ag	Destruction by Neurolytic	October 2020	17			ASA, AAPI	1.32	Work Neutrality Revie	September 2014	ZZZ	1.32	0.53	6.27	0.12	119880	TRUE	Feb 2015	Yes	TRUE	In February 201	May 2015	20	complete	TRUE	Maintain						
64635	Destruction by neurolytic ag	Destruction by Neurolytic	October 2020	17			ASA, AAPI	3.42	Work Neutrality Revie	September 2014	010	3.32	2.04	9.60	0.30	342267	TRUE	Feb 2015	Yes	TRUE	In February 201	May 2015	20	complete	TRUE	Decrease						
64636	Destruction by neurolytic ag	Destruction by Neurolytic	October 2020	17			ASA, AAPI	1.16	Work Neutrality Revie	September 2014	ZZZ	1.16	0.47	5.98	0.11	462017	TRUE	Feb 2015	Yes	TRUE	In February 201	May 2015	20	complete	TRUE	Maintain						
64640	Destruction by neurolytic ag	Injection Treatment of Ne	September 2011	25			ASAM AAI	1.23. Remove 99238.	Site of Service Anomal	September 2007	010	1.98	1.33	5.20	0.19	64408	FALSE			FALSE					TRUE	Decrease						

64708	Neuroplasty, major peripher	Neuroplasty – Leg or Arm	October 2010	69			AOFAS, AS	6.36	Site of Service Anomal	September 2007	090	6.36	7.65	NA	1.06	6398	FALSE			FALSE					TRUE	Maintain
64712	Neuroplasty, major peripher	Neuroplasty – Leg or Arm	October 2009	40			AOFAS, AS	Remove from screen	Site of Service Anomal	September 2007	090	8.07	8.18	NA	1.63	645	FALSE			TRUE	The specialty so	February 2010	32	Editorial Cha	TRUE	Remove from Screen
64831	Suture of digital nerve, hand	Neurorrhaphy – Finger	October 2010	70			AAOS, ASF	9.16	Site of Service Anomal	September 2007	090	9.16	10.04	NA	1.67	794	FALSE			FALSE					TRUE	Decrease
65105	Enucleation of eye; with imp	Ophthalmologic Procedur	September 2007	16			AAO	Reduce 99238 to 0.5	Site of Service Anomal	September 2007	090	9.93	17.80	NA	0.77	646	FALSE			FALSE					TRUE	PE Only
65205	Removal of foreign body, ext	Removal of Foreign Body	April 2017	19			AAO, AOA	0.49	CMS 000-Day Global Ty	July 2016	000	0.49	0.33	0.33	0.04	23025	FALSE			FALSE					TRUE	Decrease
65210	Removal of foreign body, ext	Removal of Foreign Body	April 2017	19			AAO, AOA	0.75	CMS 000-Day Global Ty	July 2016	000	0.61	0.41	0.49	0.04	22067	FALSE			FALSE					TRUE	Decrease
65222	Removal of foreign body, ext	Removal of Foreign Body	September 2011	26			AAO, AOA	0.93	Harvard Valued - Utiliz	April 2011	000	0.84	0.59	1.12	0.04	21757	FALSE			FALSE					TRUE	Maintain
65285	Repair of laceration; cornea	Repair of Eye Wound	February 2011	8			AAO	16.00	Site of Service Anomal	September 2007	090	15.36	15.94	NA	1.19	622	FALSE			FALSE					TRUE	Decrease
65778	Placement of amniotic meml	Ocular Surface Amniotic M	January 2023	18			AAO, AOA	0.84	High Volume Growth8	April 2022	000	1	0.51	38.67	0.04	44738	FALSE			FALSE					TRUE	Decrease
65779	Placement of amniotic meml	Ocular Surface Amniotic M	January 2023	18			AAO, AOA	1.75	High Volume Growth8	September 2022	000	2.5	1.62	31.48	0.19	621	FALSE			FALSE					TRUE	Decrease
65780	Ocular surface reconstructio	Ocular Surface Amniotic M	January 2023	18			AAO, AOA	7.03	CMS Fastest Growing /	October 2008	090	7.81	11.31	NA	0.59	1500	TRUE	Jun 2009	Yes	FALSE					TRUE	Decrease
65800	Paracentesis of anterior char	Paracentesis of the Eye	April 2012	21			AAO	1.53	Harvard Valued - Utiliz	September 2011	000	1.53	0.96	1.89	0.12	21162	FALSE			TRUE	Sept 2011 AAO s	October 2011	19	Complete	TRUE	Decrease
65805	Paracentesis of anterior char	Paracentesis of the Eye	April 2012	21			AAO	Deleted from CPT	Harvard Valued - Utiliz	April 2011							FALSE			TRUE	Sept 2011 AAO s	October 2011	19	Complete	TRUE	Deleted from CPT
65820	Goniotomy	RAW	April 2023	15	September 2023	RAW		Action Plan	Codes Reported Togetl	April 2023	090	8.91	14.83	NA	0.67	21145	FALSE			FALSE					FALSE	
65855	Trabeculoplasty by laser surg	Trabeculoplasty by Laser S	April 2015	11		RUC	AAO	3.00	010-Day Global Post-O	January 2014	010	3	2.81	4.03	0.23	134166	FALSE			TRUE	Referred to CPT	February 2015	28	Complete	TRUE	Decrease
66170	Fistulization of sclera for glau	Glaucoma Surgery	April 2015	32		RUC	AAO	13.94	090-Day Global Post-O	January 2014	090	13.94	17.17	NA	1.06	5537	FALSE			FALSE					TRUE	Decrease
66172	Fistulization of sclera for glau	Glaucoma Surgery	April 2015	32		RUC	AAO	14.81	090-Day Global Post-O	January 2014	090	14.84	19.16	NA	1.13	2229	FALSE			FALSE					TRUE	Decrease
66174	Transluminal dilation of aque	Dilation of Aqueous Outfl	January 2021	15			AAO	8.53	New Technology/ New	April 2010	090	7.62	10.16	NA	0.58	16775	FALSE			TRUE	In October 2019	October 2020	36	complete	TRUE	Decrease
66175	Transluminal dilation of aque	Dilation of Aqueous Outfl	January 2021	15			AAO	10.25	New Technology/ New	October 2020	090	9.34	11.26	NA	0.72	431	FALSE			FALSE					TRUE	Decrease
66179	Aqueous shunt to extraocula	Aqueous Shunt	January 2014	12			AAO	14.00	Harvard-Valued Annua	January 2014	090	14	16.71	NA	1.06	691	FALSE			TRUE		October 2013	24	Complete	TRUE	Decrease
66180	Aqueous shunt to extraocula	Aqueous Shunt	January 2020	37			AAO	Maintain. 15.00	Harvard-Valued Annua	October 2012	090	15	17.35	NA	1.14	9749	FALSE			TRUE	In April 2013, th	October 2013	24	Complete	TRUE	Decrease
66183	Insertion of anterior segmen	Aqueous Shunt	January 2020	37			AAO	Maintain. 13.20	Harvard-Valued Annua	January 2014	090	13.2	16.07	NA	1.01	6717	FALSE			FALSE					TRUE	Maintain
66184	Revision of aqueous shunt to	Aqueous Shunt	January 2014	12			AAO	9.58	Harvard-Valued Annua	January 2014	090	9.58	13.01	NA	0.73	502	FALSE			TRUE		October 2013	24	Complete	TRUE	Decrease
66185	Revision of aqueous shunt to	Aqueous Shunt	January 2020	37			AAO	Maintain. 10.58	Harvard-Valued Annua	October 2012	090	10.58	13.65	NA	0.82	1500	FALSE			TRUE	In April 2013, th	October 2013	24	Complete	TRUE	Increase
66711	Ciliary body destruction; cycl	Cyclophotocoagulation	January 2019	11			AAO	6.36	Codes Reported Togetl	October 2017	090	5.62	8.86	NA	0.43	754	FALSE			TRUE	In October 2017	May 2018	26	Yes	TRUE	Decrease
66761	Iridotomy/iridectomy by lase	Iridotomy	January 2020	37			AAO	Maintain. 3.00	High IWPUT / 010-Day	February 2008	010	3	3.72	5.64	0.23	52500	FALSE			TRUE	In April 2009 the	February 2010	33	Revised	TRUE	Decrease
66821	Discission of secondary membranous cataract (opacifie		February 2011	41			AAO	Maintain	MPC List	October 2010	090	3.42	5.52	6.22	0.25	635643	FALSE			FALSE					TRUE	Maintain
66982	Extracapsular cataract remov	Cataract Removal with Dr	January 2021	16			AAO	10.25	High IWPUT / CMS Fas	September 2007	090	10.25	10.87	NA	0.77	147982	TRUE	Sep 2009	Yes	FALSE					TRUE	Decrease
66983	Intracapsular cataract extrac	Cyclophotocoagulation	January 2019	11				Contractor Price	Codes Reported Togetl	January 2019	090	0	0.00	0.00	0.00	79	FALSE			FALSE					TRUE	Contractor Price
66984	Extracapsular cataract remov	Cataract Removal with Dr	January 2021	16	September 2023	RAW	AAO	Action Plan. 7.35	High IWPUT / MPC List	February 2008	090	7.35	8.09	NA	0.55	1527486	FALSE			TRUE	In October 2017	May 2018	26	Yes	TRUE	Decrease
66987	Extracapsular cataract remov	Cataract Removal with Dr	January 2021	16			AAO	13.15	Codes Reported Togetl	January 2019	090	0	0.00	0.00	0.00	918	FALSE			FALSE					TRUE	Decrease
66988	Extracapsular cataract remov	Cyclophotocoagulation	January 2019	11				10.25	Codes Reported Togetl	January 2019	090	0	0.00	0.00	0.00	5398	FALSE			FALSE					TRUE	Decrease
66989	Extracapsular cataract remov	Cataract Removal with Dr	January 2021	16			AAO	12.13	High Volume Category	January 2021	090	12.13	12.06	NA	0.91		FALSE			FALSE		October 2020	37	complete	TRUE	Maintain
66991	Extracapsular cataract remov	Cataract Removal with Dr	January 2021	16			AAO	9.23	High Volume Category	January 2021	090	9.23	10.16	NA	0.67		FALSE			FALSE		October 2020	37	complete	TRUE	Maintain
67028	Intravitreal injection of a pha	Treatment of Retinal Lesi	September 2022	13			AAO, ASRS	1.44	High Volume Growth1	February 2008	000	1.44	1.14	1.80	0.11	3951441	FALSE			FALSE					TRUE	Maintain
67036	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	12.13	Harvard-Valued Annua	October 2012	090	12.13	13.26	NA	0.91	17220	FALSE			FALSE					TRUE	Decrease
67038	Deleted from CPT	Ophthalmological Proced	September 2007	16			AAO	Deleted from CPT	Site of Service Anomal	September 2007							FALSE			FALSE		February 2007			TRUE	Deleted from CPT
67039	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	13.20	Site of Service Anomal	September 2007	090	13.2	13.95	NA	1.01	3661	FALSE			FALSE					TRUE	Decrease
67040	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	14.50	Site of Service Anomal	September 2007	090	14.5	14.77	NA	1.12	6743	FALSE			FALSE					TRUE	Decrease
67041	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	16.33	Harvard-Valued Annua	October 2012	090	16.33	15.94	NA	1.26	11425	FALSE			FALSE					TRUE	Decrease
67042	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	16.33	Harvard-Valued Annua	October 2012	090	16.33	15.93	NA	1.26	23661	FALSE			FALSE					TRUE	Decrease
67043	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	17.40	Harvard-Valued Annua	October 2012	090	17.4	16.61	NA	1.32	289	FALSE			FALSE					TRUE	Decrease
67101	Repair of retinal detachment	Retinal Detachment Repa	October 2015	11		RUC	AAO, ASRS	3.50	090-Day Global Post-O	April 2015	010	3.5	4.61	6.13	0.27	286	FALSE			TRUE	In April 2015, th	May 2015	21	Complete	TRUE	Decrease
67105	Repair of retinal detachment	Retinal Detachment Repa	October 2015	11		RUC	AAO, ASRS	3.84	090-Day Global Post-O	April 2015	010	3.39	4.44	5.10	0.26	3103	FALSE			TRUE	In April 2015, th	May 2015	21	Complete	TRUE	Decrease
67107	Repair of retinal detachment	Retinal Detachment Repa	April 2015	12			AAO	16.00. Reduce 99238 t	Site of Service Anomal	September 2007	090	16	15.73	NA	1.21	449	FALSE			FALSE		October 2014	23		TRUE	Decrease
67108	Repair of retinal detachment	Retinal Detachment Repa	April 2015	12		RUC	AAO	17.13	Site of Service Anomal	September 2007	090	17.13	16.43	NA	1.31	15259	FALSE			FALSE		October 2014	23		TRUE	Decrease
67110	Repair of retinal detachment	Retinal Detachment Repa	April 2015	12			AAO	10.25. Remove 99238	Site of Service Anomal	September 2007	090	10.25	12.88	15.27	0.79	2171	FALSE			FALSE		October 2014	23		TRUE	Maintain
67112	Repair of retinal detachment	Retinal Detachment Repa	April 2015	12			AAO	Deleted from CPT	090-Day Global Post-O	April 2014							FALSE			TRUE	Added as part of	October 2014	23	Complete	TRUE	Deleted from CPT
67113	Repair of complex retinal de	Retinal Detachment Repa	April 2015	12		RUC	AAO	19.00	090-Day Global Post-O	January 2014	090	19	18.52	NA	1.48	10813	FALSE			FALSE		October 2014	23	Complete	TRUE	Decrease
67141	Prophylaxis of retinal detach	Retinal Detachment Propl	October 2020	08			AAO, ASRS	2.53	Harvard Valued - Utiliz	January 2020	010	2.53	3.65	5.26	0.19	1128	FALSE			TRUE	CPT code 67145	May 2020		complete	TRUE	Decrease
67145	Prophylaxis of retinal detach	Retinal Detachment Propl	October 2020	08			AAO, ASRS	2.53	Harvard Valued - Utiliz	October 2019	010	2.53	3.65	4.46	0.19	30277	FALSE			TRUE	CPT code 67145	May 2020		Complete	TRUE	Decrease
67210	Destruction of localized lesic	Treatment of Retinal Lesi	October 2010	13			AAO	6.36	High IWPUT	February 2008	090	6.36	7.80	8.35	0.50	41588	FALSE			TRUE	Code originally referred to CPT with reques			Complete	TRUE	Decrease
67220	Destruction of localized lesic	Treatment of Retinal Lesi	October 2010	13			AAO	6.36	High IWPUT	February 2008	090	6.36	7.80	8.80	0.49	2172	FALSE			TRUE	Code originally referred to CPT with reques			Complete	TRUE	Decrease
67225	Destruction of localized lesic	Photodynamic Therapy of	February 2008	P			AAO	0.47	New Technology	September 2007	ZZZ	0.47	0.30	0.35	0.04	125	FALSE			FALSE					TRUE	Maintain
67228	Treatment of extensive or pr	Treatment of Retinal Lesi	October 2009	40			AAO	Remove from screen	High IWPUT	February 2008	010	4.39	4.17	5.28	0.35	46728	FALSE			FALSE					TRUE	Remove from Screen
67255	Scleral reinforcement (separ	Aqueous Shunt	January 2014	12			AAO	10.17	Harvard-Valued Annua	January 2014	090	8.38	11.25	NA	0.65	706	FALSE			TRUE		October 2013	24	Complete	TRUE	Maintain
67311	Strabismus surgery, recessio	Strabismus Surgery	October 2020	18			AAO, AAP	5.93	ZZZ Global Post-Opera	April 2020	090	5.93	7.02	NA	0.44	4449	FALSE			FALSE					TRUE	Decrease
67312	Strabismus surgery, recessio	Strabismus Surgery	October 2020	18			AAO, AAP	9.50	ZZZ Global Post-Opera	April 2020	090	9.5	9.29	NA	0.73	1281	FALSE			FALSE					TRUE	Decrease
67314	Strabismus surgery, recessio	Strabismus Surgery	October 2020	18			AAO, AAP	5.93	ZZZ Global Post-Opera	April 2020	090	5.93	7.02	NA	0.44	2238	FALSE			FALSE					TRUE	Decrease
67316	Strabismus surgery, recessio	Strabismus Surgery	October 2020	18			AAO, AAP	10.31	ZZZ Global Post-Opera	April 2020	090	10.31	9.83	NA	0.79	140	FALSE			FALSE					TRUE	Decrease
67318	Strabismus surgery, any proc	Strabismus Surgery	October 2020	18			AAO, AAP	9.80	ZZZ Global Post-Opera	April 2020	090	9.8	9.65	NA	0.75	143	FALSE			FALSE					TRUE	Decrease
67320	Transposition procedure (eg	Strabismus Surgery	October 2020	18			AAO, AAP	3.00	ZZZ Global Post-Opera	October 2019	ZZZ	3	2.75	NA	0.23	290	FALSE			FALSE					TRUE	Decrease
67331	Strabismus surgery on patier	Strabismus Surgery	October 2020	18			AAO, AAP	2.00	ZZZ Global Post-Opera	October 2019	ZZZ	2	3.52	NA	0.17	871	FALSE			FALSE					TRUE	Decrease
67332	Strabismus surgery on patier	Strabismus Surgery	October 2020	18			AAO, AAP	3.50	ZZZ Global Post-Opera	October 2019	ZZZ	3.5	2.39	NA	0.27	1424	FALSE			FALSE					TRUE	Decrease
67334	Strabismus surgery by poster	Strabismus Surgery	October 2020	18			AAO, AAP	2.06	ZZZ Global Post-Opera	October 2019	ZZZ	2.06	3.38	NA	0.17	125	FALSE			FALSE					TRUE	Decrease
67335	Placement of adjustable sutu	Strabismus Surgery	October 2020	18			AAO, AAP	3.23	ZZZ Global Post-Opera	October 2019	ZZZ	3.23	2.02	NA	0.25	1511	FALSE			FALSE					TRUE	Increase
67340	Strabismus surgery involving	Strabismus Surgery	October 2020	18			AAO, AAP	5.00	ZZZ Global Post-Opera	October 2019	ZZZ	5	3.17	NA	0.37	69	FALSE			FALSE					TRUE	Decrease
67500	Retrobulbar injection; medic	Injection – Eye	October 2017	11			AAO, ASRS	1.18	CMS 000-Day Global Ty	October 2017	000	1.18	0.60	0.99	0.10	7736	FALSE			FALSE					TRUE	Decrease
67505	Retrobulbar injection; alcoho	Injection – Eye	October 2017	11			AAO, ASRS	1.18	CMS 000-Day Global Ty	October 2017	000	1.18	0.85	1.28	0.10	79	FALSE			FALSE					TRUE	Decrease
67515	Injection of medication or ot	Injection – Eye	October 2017	11			AAO, ASRS	0.84	CMS 000-Day Global Ty	July 2016	000	0.75	0.58	0.72	0.06	20130	FALSE			FALSE					TRUE	Decrease
67820	Correction of trichiasis; epila	Correction of Trichiasis	April 2016	29			AOA, AOA	0.32	CMS High Expenditure	July 2015	000	0.32	0.31	0.23	0.02	180998	FALSE			FALSE					TRUE	Decrease
67914	Repair of ectropion; suture	Repair of Eyelid	April 2013	24			AAO	3.75	Harvard-Valued Annua	October 2012	090	3.75	5.61	10.52	0.31	1286	FALSE			FALSE					TRUE	Maintain
67915	Repair of ectropion; thermo	Repair of Eyelid	April 2013	24			AAO	2.03	Harvard-Valued Annua	October 2012	090	2.03	3.68	7.27	0.17	229	FALSE			FALSE					TRUE	Decrease
67916	Repair of ectropion; excision	Repair of Eyelid	April 2013	24			AAO	5.48	Harvard-Valued Annua	October 2012	090	5.48	6.71	12.27	0.44	1137	FALSE			FALSE					TRUE	Maintain
67917	Repair of ectropion; extensiv	Repair of Eyelid	April 2013	24			AAO	5.93	Harvard-Valued Annua	October 2012	090	5.93	7.00	12.18	0.49	18613	FALSE			FALSE					TRUE	Decrease
67921	Repair of entropion; suture	Repair of Eyelid	April 2013	24			AAO	3.47	Harvard-Valued Annua	October 2012	090	3.47	5.45	10.54	0.27	3049	FALSE			FALSE					TRUE	Maintain
67922	Repair of entropion; thermo	Repair of Eyelid	April 2013	24			AAO	2.03	Harvard-Valued Annua	October 2012	090	2.03	3.69	6.99	0.17	66	FALSE			FALSE					TRUE	Decrease
67923	Repair of entropion; excisior	Repair of Eyelid	April 2013	24			AAO	5.48	Harvard-Valued Annua	October 2012	090	5.48	6.72	12.28	0.44	860	FALSE			FALSE					TRUE	Decrease
67924	Repair of entropion; extensi	Repair of Eyelid	April 2013	24			AAO	5.93	Harvard-Valued Annua	October 2012	090	5.93	7.01	12.96	0.47	9083	FALSE			FALSE					TRUE	Maintain
68040	Expression of conjunctival fo	Treatment of Eyelid Lesio	September 2011	51			AAO	Revised parenthetical	High Volume Growth1	February 2008	000	0.85	0.50	0.94	0.04	6286	FALSE			TRUE	AAO to develop	February 2013	18	Complete	TRUE	Maintain
68200	Subconjunctival injection	Subconjunctival Injection	October 2013	18			AAO	0.49	Harvard Valued - Utiliz	April 2011	000	0.49	0.47	0.70	0.04	5347	FALSE			FALSE					TRUE	Maintain
68801	Dilation of lacrimal punctum	Dilation and Probing of La	January 2015	23			AAO, AOA	1.00	010-Day Global Post-O	January 2014	010	0.82	1.47	2.00	0.04	22177	FALSE			FALSE					TRUE	Maintain
68810	Probing of nasolacrimal duct	Dilation and Probing of La	January 2015	23			AAO, AOA	1.54	Site of Service Anomal	September 2007	010	1.54	2.11	3.13	0.12	21662	FALSE			FALSE					TRUE	Decrease
68811	Probing of nasolacrimal duct, with or without irrigatior		January 2015	23			AAO, AOA	2.03	010-Day Global Post-O	September 2014	010	1.74	2.09	NA	0.14	349	FALSE			FALSE					TRUE	Decrease
68815	Probing of nasolacrimal duct	Dilation and Probing of La	January 2015	23			AAO, AOA	3.00	010-Day Global Post-O	January 2014	010	2.7	3.62	8.32	0.22	6177	FALSE			FALSE					TRUE	Decrease
68816	Probing of nasolacrimal duct, with or without irrigatior		January 2015	23			AAO, AOA	2.35	010-Day Global Post-O	September 2014	010	2.1	2.35	23.49	0.18	181	FALSE			FALSE					TRUE	Decrease
69100	Biopsy external ear	Biopsy of Ear	April 2009	28			AAD	0.81	CMS Fastest Growing	October 2008	000	0.81	0.48	1.99	0.10	159540	FALSE			FALSE					TRUE	Maintain
69200	Removal foreign body from e	Removal of Foreign Body	September 2011	29			AAO-HNS	0.77	Harvard Valued - Utiliz	April 2011	000	0.77	0.53	1.53	0.11	50973	FALSE			FALSE					TRUE	Maintain
69210	Removal impacted cerumen	Removal of Cerumen	January 2015	29			AAFP, AAC	0.58.	CMS High Expenditure	September 2011	000	0.61	0.28	0.73	0.08	1423836	FALSE			TRUE	In January 2012,	October 2012	19	Complete	TRUE	Decrease
69400	Eustachian tube inflation, tra	Eustachian Tube Procedu	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	October 2013							FALSE			TRUE	October 2013, th	February 2014	41	Complete	TRUE	Deleted from CPT
69401	Eustachian tube inflation, tra	Eustachian Tube Procedu	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	April 2013							FALSE			TRUE	October 2013, th	February 2014	41	Complete	TRUE	Deleted from CPT
69405	Eustachian tube catheterizat	Eustachian Tube Procedu	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	October 2013							FALSE			TRUE	October 2013, th	February 2014	41	Complete	TRUE	Deleted from CPT
69433	Tympanostomy (requiring in	Tympanostomy	September 2011	30			AAO-HNS	1.57	Harvard Valued - Utiliz	April 2011	010	1.57	2.19	4.32	0.22	30622	FALSE			FALSE					TRUE	Maintain
69801	Labyrinthotomy, with perfus	Labyrinthotomy	October 2015	21			AAO-HNS	Review action plan at F	CMS Fastest Growing /	September 2007	000	2.06	1.36	4.54	0.29	23490	TRUE	May 2011	Yes	TRUE	The Workgroup	Feb 2010	34	Revised	TRUE	Decrease
69802	Labyrinthotomy, with perfus	Labryinthotomy	April 2010	16			AAO-HNS	Deleted from CPT	CMS Fastest Growing / Site of Service Anomaly (99238-Only)								FALSE			TRUE	Prior to surveyin	Feburary 2011	25	Code Delete	TRUE	Deleted from CPT

69930	Cochlear device implantatior	Cochlear Device Implanta	February 2008	M			AAO-HNS	17.60	Site of Service Anomal	September 2007	090	17.73	16.35	NA	2.52	3904	FALSE			FALSE					TRUE	Maintain
70030	Radiologic examination, eye,	X-Ray of Eye	January 2020	28				0.18	CMS-Other - Utilizatior	January 2019	XXX	0.18	NA	0.78	0.02	21076	FALSE			FALSE					TRUE	Increase
70100	Radiologic examination, mar	RAW	October 2013	18				RUC to submit letter tc	High Volume Growth2	April 2013	XXX	0.18	NA	0.96	0.02	18627	FALSE			FALSE					TRUE	Maintain
70210	Radiologic examination, sinu	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACF	0.20	CMS-Other - Utilizatior	October 2017	XXX	0.17	NA	0.78	0.02	14260	FALSE			FALSE					TRUE	Increase
70220	Radiologic examination, sinu	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACF	0.22	CMS-Other - Utilizatior	October 2017	XXX	0.22	NA	0.89	0.02	30910	FALSE			FALSE					TRUE	Decrease
70250	Radiologic examination, skul	X-Ray Exam – Skull	January 2019	25			ACR, ASNF	0.20	CMS-Other - Utilizatior	October 2017	XXX	0.18	NA	0.88	0.02	40209	FALSE			FALSE					TRUE	Decrease
70260	Radiologic examination, skul	X-Ray Exam – Skull	January 2019	25			ACR, ASNF	0.29	CMS-Other - Utilizatior	October 2017	XXX	0.28	NA	1.04	0.02	8116	FALSE			FALSE					TRUE	Decrease
70310	Radiologic examination, teet	RAW	October 2013	18				RUC to submit letter tc	High Volume Growth2	April 2013	XXX	0.16	NA	1.00	0.02	1368	FALSE			FALSE					TRUE	Maintain
70360	Radiologic examination; necl	X-Ray Exam – Neck	January 2019	26			AAFP, ACF	0.20	CMS-Other - Utilizatior	October 2017	XXX	0.18	NA	0.75	0.02	38451	FALSE			FALSE					TRUE	Increase
70371	Complex dynamic pharyngea	Laryngography	January 2019	37			ACR, AAFF	CPT Assistant article pu	Codes Reported Togetl	October 2012	XXX	0.84	NA	2.36	0.05	980	TRUE	July 2014	Yes	FALSE					TRUE	Maintain
70373	Laryngography, contrast, rad	Laryngography	October 2012				ACR, AAFF	CPT Assistant article pu	Codes Reported Togetl	October 2012							TRUE	July 2014	Yes	FALSE					TRUE	Deleted from CPT
70450	Computed tomography, hea	CT Head/Brain	April 2019	15			ACR, ASNF	0.85	CMS-Other - Utilizatior	April 2011	XXX	0.85	NA	2.39	0.05	4982473	FALSE			FALSE					TRUE	Maintain
70460	Computed tomography, hea	CT Head/Brain	April 2019	15			ACR, ASNF	1.13	CMS High Expenditure	April 2013	XXX	1.13	NA	3.39	0.07	20993	FALSE			FALSE					TRUE	Maintain
70470	Computed tomography, hea	CT Head/Brain	April 2019	15			ACR, ASNF	1.27	Harvard Valued - Utiliz	October 2009	XXX	1.27	NA	4.04	0.09	70531	FALSE			FALSE					TRUE	Maintain
70480	Computed tomography, orbi	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNF	1.28	CMS-Other - Utilizatior	October 2017	XXX	1.28	NA	3.56	0.08	48924	FALSE			FALSE					TRUE	Maintain
70481	Computed tomography, orbi	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNF	1.13	CMS-Other - Utilizatior	October 2017	XXX	1.13	NA	4.41	0.08	9404	FALSE			FALSE					TRUE	Decrease
70482	Computed tomography, orbi	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNF	1.27	CMS-Other - Utilizatior	October 2017	XXX	1.27	NA	5.20	0.09	4372	FALSE			FALSE					TRUE	Decrease
70486	Computed tomography, max	CT – Maxillofacial	April 2014	41			ACR, ASNF	0.85	CMS-Other - Utilizatior	April 2013	XXX	0.85	NA	3.08	0.05	450568	FALSE			FALSE					TRUE	Decrease
70487	Computed tomography, max	CT – Maxillofacial	April 2014	41			ACR, ASNF	1.17	CMS-Other - Utilizatior	April 2014	XXX	1.13	NA	3.52	0.07	27136	FALSE			FALSE					TRUE	Decrease
70488	Computed tomography, max	CT – Maxillofacial	April 2014	41			ACR, ASNF	1.30	CMS-Other - Utilizatior	April 2014	XXX	1.27	NA	4.39	0.09	3177	FALSE			FALSE					TRUE	Decrease
70490	Computed tomography, soft	CT Soft Tissue Neck	January 2017	21			ACR, ASNF	1.28	CMS High Expenditure	July 2015	XXX	1.28	NA	3.30	0.08	58481	FALSE			FALSE					TRUE	Maintain
70491	Computed tomography, soft	CT Soft Tissue Neck	January 2017	21			ACR, ASNF	1.38	CMS High Expenditure	July 2015	XXX	1.38	NA	4.27	0.09	263568	FALSE			FALSE					TRUE	Maintain
70492	Computed tomography, soft	CT Soft Tissue Neck	January 2017	21			ACR, ASNF	1.62	CMS High Expenditure	July 2015	XXX	1.62	NA	5.18	0.10	21431	FALSE			FALSE					TRUE	Increase
70496	Computed tomographic angi	CT Angiography – Head &	September 2022	13	September 2023	RUC	ACR, ASNF	Refer to CPT for code k	High Volume Growth1	February 2008	XXX	1.75	NA	6.70	0.14	601126	FALSE			TRUE	In April 2022, th	September 2023			FALSE	Maintain
70498	Computed tomographic angi	CT Angiography – Head &	September 2022	13	September 2023	RUC	ACR, ASNF	Refer to CPT for code k	High Volume Growth1	February 2008	XXX	1.75	NA	6.69	0.14	622608	FALSE			TRUE	In April 2022, th	September 2023			FALSE	Maintain
70540	Magnetic resonance (eg, pro	MRI Face and Neck	January 2016	39			ACR, ASNF	1.35	CMS High Expenditure	July 2015	XXX	1.35	NA	5.64	0.09	9546	FALSE			FALSE					TRUE	Maintain
70542	Magnetic resonance (eg, pro	MRI Face and Neck	January 2016	39			ACR, ASNF	1.62	CMS High Expenditure	July 2015	XXX	1.62	NA	6.69	0.10	707	FALSE			FALSE					TRUE	Maintain
70543	Magnetic resonance (eg, pro	MRI Face and Neck	January 2016	39			ACR, ASNF	2.15	CMS High Expenditure	July 2015	XXX	2.15	NA	8.32	0.15	61935	FALSE			FALSE					TRUE	Maintain
70544	Magnetic resonance angiogr	Magnetic Resonance Angi	September 2022	22	April 2024	RAW	ACR, ASNF	Review action plan. 1.2	CMS High Expenditure	July 2015	XXX	1.2	NA	5.44	0.08	194391	FALSE			FALSE					TRUE	Maintain
70545	Magnetic resonance angiogr	Magnetic Resonance Angi	October 2016	18		RUC	ACR, ASNF	1.20	CMS High Expenditure	July 2015	XXX	1.2	NA	5.80	0.10	3043	FALSE			FALSE					TRUE	Maintain
70546	Magnetic resonance angiogr	Magnetic Resonance Angi	October 2016	18			ACR, ASNF	1.48	CMS High Expenditure	July 2015	XXX	1.48	NA	8.69	0.12	18663	FALSE			FALSE					TRUE	Decrease
70547	Magnetic resonance angiogr	Magnetic Resonance Angi	September 2022	13	April 2024	RAW	ACR, ASNF	Review action plan. 1.2	CMS High Expenditure	July 2015	XXX	1.2	NA	5.45	0.08	64908	FALSE			FALSE					TRUE	Maintain
70548	Magnetic resonance angiogr	Magnetic Resonance Angi	October 2016	19		RUC	ACR, ASNF	1.50	CMS High Expenditure	July 2015	XXX	1.5	NA	6.06	0.12	12924	FALSE			FALSE					TRUE	Increase
70549	Magnetic resonance angiogr	Magnetic Resonance Angi	October 2016	19		RUC	ACR, ASNF	1.80	CMS High Expenditure	July 2015	XXX	1.8	NA	8.85	0.14	42928	FALSE			FALSE					TRUE	Maintain
70551	Magnetic resonance (eg, pro	MRI-Brain	January 2013	26			ACR, ASNF	1.48	CMS High Expenditure	September 2011	XXX	1.48	NA	4.53	0.10	1069458	FALSE			FALSE					TRUE	Maintain
70552	Magnetic resonance (eg, pro	MRI-Brain	January 2013	26			ACR, ASNF	1.78	CMS High Expenditure	September 2011	XXX	1.78	NA	6.54	0.14	17460	FALSE			FALSE					TRUE	Maintain
70553	Magnetic resonance (eg, pro	MRI-Brain	January 2013	26			ACR, ASNF	2.36	CMS-Other - Utilizatior	April 2011	XXX	2.29	NA	7.51	0.16	944689	FALSE			FALSE					TRUE	Maintain
71010	Radiologic examination, che:	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	Low Value-High Volum	October 2010							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71015	Radiologic examination, che:	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71020	Radiologic examination, che:	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	MPC List / CMS High E:	October 2010							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71021	Radiologic examination, che:	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71022	Radiologic examination, che:	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71023	Radiologic examination, che:	Chest X-Ray	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71030	Radiologic examination, che:	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71034	Radiologic examination, che:	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71035	Radiologic examination, che:	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71045	Radiologic examination, che:	Chest X-Ray	April 2016	07			ACR	0.18	CMS High Expenditure	February 2016	XXX	0.18	NA	0.58	0.02	14823913	FALSE			FALSE		February 2016	20	Complete	TRUE	Decrease
71046	Radiologic examination, che:	Chest X-Ray	April 2016	07			ACR	0.22	CMS High Expenditure	February 2016	XXX	0.22	NA	0.77	0.02	6063799	FALSE			FALSE		February 2016	20	Complete	TRUE	Decrease
71047	Radiologic examination, che:	Chest X-Ray	April 2016	07			ACR	0.27	CMS High Expenditure	February 2016	XXX	0.27	NA	0.98	0.02	12495	FALSE			FALSE		February 2016	20	Complete	TRUE	Decrease
71048	Radiologic examination, che:	Chest X-Ray	April 2016	07			ACR	0.31	CMS High Expenditure	February 2016	XXX	0.31	NA	1.06	0.02	7750	FALSE			FALSE		February 2016	20	Complete	TRUE	Decrease
71090	Insertion pacemaker, fluoros	Insertion/Removal of Pac	April 2011	10			ACC	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	33213 - This cod	February 2011	13	Complete	TRUE	Deleted from CPT
71100	Radiologic examination, ribs,	X-Ray of Ribs	April 2016	30			ACR	0.22	CMS-Other - Utilizatior	April 2013	XXX	0.22	NA	0.87	0.02	132073	FALSE			FALSE					TRUE	Maintain
71101	Radiologic examination, ribs,	X-Ray of Ribs	April 2016	30			ACR	0.27	CMS-Other - Utilizatior	October 2015	XXX	0.27	NA	0.98	0.02	249946	FALSE			FALSE					TRUE	Maintain
71110	Radiologic examination, ribs,	X-Ray of Ribs	April 2016	30			ACR	0.29	CMS-Other - Utilizatior	October 2015	XXX	0.29	NA	1.01	0.02	20626	FALSE			FALSE					TRUE	Maintain
71111	Radiologic examination, ribs,	X-Ray of Ribs	April 2016	30			ACR	0.32	CMS-Other - Utilizatior	October 2015	XXX	0.32	NA	1.23	0.03	27613	FALSE			FALSE					TRUE	Maintain
71250	Computed tomography, thor	Screening CT of Thorax	October 2019	07			ACR	1.16	CMS Fastest Growing /	October 2008	XXX	1.08	NA	2.98	0.07	2145188	FALSE			FALSE					TRUE	Increase
71260	Computed tomography, thor	Screening CT of Thorax	October 2019	07			ACR	1.38	CMS High Expenditure	July 2015	XXX	1.16	NA	3.94	0.08	1736347	FALSE			FALSE					TRUE	Maintain
71270	Computed tomography, thor	Screening CT of Thorax	October 2019	07			ACR	1.24	CMS High Expenditure	July 2015	XXX	1.25	NA	4.78	0.08	56503	FALSE			FALSE					TRUE	Maintain
71271	Computed tomography, thor	Screening CT of Thorax	October 2019	07				1.16	CMS-Other - Utilizatior	May 2019	XXX	1.08	NA	3.12	0.07	324831	FALSE			FALSE					TRUE	Increase
71275	Computed tomographic angi	CT Angiography-Chest	January 2014	27			ACR, SIR	1.82	CMS Fastest Growing /	October 2008	XXX	1.82	NA	6.79	0.14	1478442	TRUE	Jun 2009	Yes	FALSE					TRUE	Decrease
72020	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.16	CMS-Other - Utilizatior	April 2016	XXX	0.16	NA	0.56	0.02	110300	FALSE			FALSE					TRUE	Increase
72040	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.22	Low Value-High Volum	October 2010	XXX	0.22	NA	0.95	0.02	558600	FALSE			TRUE	The RUC recomr	October 2011	17	Complete	TRUE	Maintain
72050	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.27	Low Value-High Volum	October 2010	XXX	0.27	NA	1.31	0.02	326846	FALSE			TRUE	The RUC recomr	October 2011	17	Complete	TRUE	Decrease
72052	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.30	Low Value-High Volum	October 2010	XXX	0.3	NA	1.54	0.03	63518	FALSE			TRUE	The RUC recomr	October 2011	17	Complete	TRUE	Decrease
72070	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.20	CMS-Other - Utilizatior	April 2013	XXX	0.2	NA	0.77	0.02	270070	FALSE			FALSE					TRUE	Decrease
72072	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.23	CMS-Other - Utilizatior	April 2016	XXX	0.23	NA	0.93	0.02	150105	FALSE			FALSE					TRUE	Increase
72074	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.25	CMS-Other - Utilizatior	October 2016	XXX	0.25	NA	1.06	0.02	10986	FALSE			FALSE					TRUE	Increase
72080	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.21	CMS-Other - Utilizatior	October 2016	XXX	0.21	NA	0.81	0.02	41682	FALSE			FALSE					TRUE	Decrease
72100	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.22	Harvard Valued - Utiliz	February 2010	XXX	0.22	NA	0.96	0.02	1583990	FALSE			TRUE	This service was	October 2010	18	Complete	TRUE	Maintain
72110	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.26	Harvard Valued - Utiliz	October 2009	XXX	0.26	NA	1.26	0.02	742086	FALSE			TRUE	April 2010, refer	October 2010	18	Complete	TRUE	Decrease
72114	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.30	Harvard Valued - Utiliz	February 2010	XXX	0.3	NA	1.53	0.03	87900	FALSE			TRUE	This service was	October 2010	18	Complete	TRUE	Decrease
72120	Radiologic examination, spin	X-Ray Spine	January 2019	27			AAOS, ACI	0.22	Harvard Valued - Utiliz	February 2010	XXX	0.22	NA	0.98	0.02	46212	FALSE			TRUE	Code 72110 was	October 2010	18	Complete	TRUE	Maintain
72125	Computed tomography, cerv	CT Spine	April 2018	18			ACR, ASNF	1.07	CMS Fastest Growing	October 2008	XXX	1	NA	2.97	0.05	1295484	FALSE			FALSE					TRUE	Maintain
72126	Computed tomography, cerv	CT Spine	April 2018	18			ACR, ASNF	1.22	CMS Fastest Growing	February 2009	XXX	1.22	NA	3.94	0.08	18311	FALSE			FALSE					TRUE	Maintain
72127	Computed tomography, cerv	CT Spine	April 2018	18			ACR, ASNF	1.27	CMS Fastest Growing	February 2009	XXX	1.27	NA	4.78	0.09	1728	FALSE			FALSE					TRUE	Maintain
72128	Computed tomography, thor	CT Spine	April 2018	18			ACR, ASNF	1.00	CMS Fastest Growing	October 2008	XXX	1	NA	2.97	0.05	200681	FALSE			FALSE					TRUE	Maintain
72129	Computed tomography, thor	CT Spine	April 2018	18			ACR, ASNF	1.22	CMS Fastest Growing	February 2009	XXX	1.22	NA	3.97	0.09	33452	FALSE			FALSE					TRUE	Maintain
72130	Computed tomography, thor	CT Spine	April 2018	18			ACR, ASNF	1.27	CMS Fastest Growing	February 2009	XXX	1.27	NA	4.84	0.09	1316	FALSE			FALSE					TRUE	Maintain
72131	Computed tomography, lum	CT Spine	April 2018	18			ACR, ASNF	1.00	CMS Fastest Growing /	February 2009	XXX	1	NA	2.95	0.05	487126	FALSE			FALSE					TRUE	Maintain
72132	Computed tomography, lum	CT Spine	April 2018	18			ACR, ASNF	1.22	CMS Fastest Growing /	February 2009	XXX	1.22	NA	3.95	0.08	61062	FALSE			FALSE					TRUE	Maintain
72133	Computed tomography, lum	CT Spine	April 2018	18			ACR, ASNF	1.27	CMS Fastest Growing /	February 2009	XXX	1.27	NA	4.80	0.09	3692	FALSE			FALSE					TRUE	Maintain
72141	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25			ACR	1.48	CMS High Expenditure	September 2011	XXX	1.48	NA	4.36	0.10	544579	FALSE			FALSE					TRUE	Decrease
72142	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25			ACR	1.78	CMS High Expenditure	April 2013	XXX	1.78	NA	6.71	0.12	2811	FALSE			FALSE					TRUE	Decrease
72146	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25			ACR	1.48	CMS High Expenditure	April 2013	XXX	1.48	NA	4.36	0.10	212578	FALSE			FALSE					TRUE	Decrease
72147	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25			ACR	1.78	CMS High Expenditure	April 2013	XXX	1.78	NA	6.64	0.12	2629	FALSE			FALSE					TRUE	Decrease
72148	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25			AAOS, AUI	1.48	CMS-Other - Utilizatior	April 2011	XXX	1.48	NA	4.38	0.10	1251695	FALSE			FALSE					TRUE	Maintain
72149	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25				1.78	CMS High Expenditure	April 2013	XXX	1.78	NA	6.56	0.12	4604	FALSE			FALSE					TRUE	Maintain
72156	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25				2.29	CMS High Expenditure	April 2013	XXX	2.29	NA	7.56	0.16	111923	FALSE			FALSE					TRUE	Decrease
72157	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25				2.29	CMS High Expenditure	April 2013	XXX	2.29	NA	7.58	0.16	97003	FALSE			FALSE					TRUE	Decrease
72158	Magnetic resonance (eg, pro	MRI Neck and Lumbar Spi	April 2013	25				2.29	CMS High Expenditure	April 2013	XXX	2.29	NA	7.54	0.16	216368	FALSE			FALSE					TRUE	Decrease
72170	Radiologic examination, pelv	X-Ray Exam – Pelvis	January 2019	28			AAOS, ACI	0.17	Low Value-High Volum	October 2010	XXX	0.17	NA	0.65	0.02	706554	FALSE			TRUE	The Joint Workg	October 2014	27	Complete	TRUE	Maintain
72190	Radiologic examination, pelv	X-Ray Exam – Pelvis	January 2019	28			AAOS, ACI	0.25	CMS-Other - Utilizatior	October 2017	XXX	0.25	NA	1.00	0.02	54865	FALSE			FALSE					TRUE	Increase
72191	Computed tomographic angi	CT Angiography	October 2013	12			ACR, SIR	1.81	High Volume Growth1	February 2008	XXX	1.81	NA	7.56	0.14	2841	FALSE			TRUE	The Workgroup	October 2010	19	Complete	TRUE	Maintain
72192	Computed tomography, pelv	CT Pelvis	October 2008	26			ACR	1.09	Codes Reported Togetl	October 2008	XXX	1.09	NA	2.97	0.07	171942	FALSE			TRUE	The specialty so	October 2009	37	Complete	TRUE	Maintain
72193	Computed tomography, pelv	CT Pelvis	October 2008	26			ACR	1.16	Codes Reported Togetl	October 2008	XXX	1.16	NA	5.95	0.08	34286	FALSE			TRUE	The specialty so	October 2009	37	Complete	TRUE	Maintain

72194	Computed tomography, pelv	CT Abdomen and Pelvis	April 2014	44			ACR	1.22		Codes Reported Togetl	February 2008	XXX	1.22	NA	6.63	0.08	5008	FALSE			TRUE	Referred to the (	October 2009	37	Complete	TRUE	Maintain			
72195	Magnetic resonance (eg, pro	MRI Pelvis	October 2016	21		RUC	ACR	1.46		CMS High Expenditure	July 2015	XXX	1.46	NA	5.61	0.10	80763	FALSE			FALSE					TRUE	Maintain			
72196	Magnetic resonance (eg, pro	MRI Pelvis	October 2016	21		RUC	ACR	1.73		CMS High Expenditure	July 2015	XXX	1.73	NA	6.57	0.12	2197	FALSE			FALSE					TRUE	Maintain			
72197	Magnetic resonance (eg, pro	MRI Pelvis	October 2016	21		RUC	ACR	2.20		CMS High Expenditure	July 2015	XXX	2.2	NA	8.22	0.15	249299	FALSE			FALSE					TRUE	Decrease			
72200	Radiologic examination, sacr	X-Ray Sacrum	January 2019	29			AAOS, ACI	0.20		CMS-Other - Utilizatior	October 2016	XXX	0.17	NA	0.80	0.02	13715	FALSE			FALSE					TRUE	Increase			
72202	Radiologic examination, sacr	X-Ray Sacrum	January 2019	29			AAOS, ACI	0.26		CMS-Other - Utilizatior	October 2016	XXX	0.23	NA	0.93	0.02	38357	FALSE			FALSE					TRUE	Increase			
72220	Radiologic examination, sacr	X-Ray Sacrum	January 2019	29			AAOS, ACI	0.20		CMS-Other - Utilizatior	April 2016	XXX	0.17	NA	0.79	0.02	100892	FALSE			FALSE					TRUE	Increase			
72240	Myelography, cervical, radio	Myelography	April 2014	17			ACR, ASNF	0.91		Codes Reported Togetl	October 2012	XXX	0.91	NA	2.46	0.08	356	FALSE			TRUE	Joint Workgroup	October 2013	21	Complete	TRUE	Maintain			
72255	Myelography, thoracic, radic	Myelography	April 2014	17			ACR, ASNF	0.91		Codes Reported Togetl	October 2013	XXX	0.91	NA	2.59	0.11	90	FALSE			TRUE	This code chang	October 2013	21	Complete	TRUE	Maintain			
72265	Myelography, lumbosacral, r	Myelography	April 2014	17			ACR, ASNF	0.83		Codes Reported Togetl	October 2012	XXX	0.83	NA	2.41	0.05	2010	FALSE			TRUE	Joint Workgroup	October 2013	21	Complete	TRUE	Maintain			
72270	Myelography, 2 or more regi	Myelography	April 2014	17			ACR, ASNF	1.33		Codes Reported Togetl	October 2012	XXX	1.33	NA	3.53	0.08	361	FALSE			TRUE	Joint Workgroup	October 2013	21	Complete	TRUE	Maintain			
72275	Epidurography, radiological s	Epidurography	January 2020	37			ASA, AAPI	Deleted from CPT		Different Performing S	October 2009	XXX					56054	TRUE	Oct 2009 an	Yes	TRUE	In October 2019	October 2020	40	complete	TRUE	Deleted from CPT			
72291	Radiological supervision and	Percutaneous Vertebropl	April 2014	06				Deleted from CPT		Codes Reported Togetl	October 2012							FALSE			TRUE	Joint Workgroup	February 2014	16	Complete	TRUE	Deleted from CPT			
72292	Radiological supervision and	Percutaneous Vertebropl	April 2014	06				Deleted from CPT		Codes Reported Togetl	October 2012							FALSE			TRUE	Joint Workgroup	February 2014	16	Complete	TRUE	Deleted from CPT			
73000	Radiologic examination; clav	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAO!	0.16		CMS-Other - Utilizatior	October 2017	XXX	0.16	NA	0.79	0.02	91121	FALSE			FALSE					TRUE	Maintain			
73010	Radiologic examination; scaj	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAO!	0.17		CMS-Other - Utilizatior	October 2017	XXX	0.17	NA	0.52	0.02	42771	FALSE			FALSE					TRUE	Maintain			
73020	Radiologic examination, sho	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAO!	0.15		CMS-Other - Utilizatior	October 2017	XXX	0.15	NA	0.48	0.02	99142	FALSE			FALSE					TRUE	Maintain			
73030	Radiologic examination, sho	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAO!	0.18		Low Value-High Volum	October 2010	XXX	0.18	NA	0.84	0.02	2525765	FALSE			FALSE					TRUE	Maintain			
73050	Radiologic examination; acrc	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAO!	0.18		CMS-Other - Utilizatior	October 2017	XXX	0.18	NA	0.66	0.02	6416	FALSE			FALSE					TRUE	Decrease			
73060	Radiologic examination; hun	X-Ray Exams	September 2014	17			AAOS, ACI	0.16		CMS-Other - Utilizatior	April 2013	XXX	0.16	NA	0.79	0.02	303754	FALSE			FALSE					TRUE	Decrease			
73070	Radiologic examination, elbc	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACI	0.16		CMS-Other - Utilizatior	April 2016	XXX	0.16	NA	0.70	0.02	192334	FALSE			FALSE					TRUE	Increase			
73080	Radiologic examination; elbc	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACI	0.17		Harvard Valued - Utiliz	October 2009	XXX	0.17	NA	0.79	0.02	372951	FALSE			FALSE					TRUE	Maintain			
73090	Radiologic examination; fore	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACI	0.16		CMS-Other - Utilizatior	April 2016	XXX	0.16	NA	0.70	0.02	209495	FALSE			FALSE					TRUE	Maintain			
73100	Radiologic examination, wris	X-Ray Wrist	April 2016	32			ACR	0.16		CMS High Expenditure	July 2015	XXX	0.16	NA	0.84	0.02	229151	FALSE			FALSE					TRUE	Maintain			
73110	Radiologic examination, wris	X-Ray Wrist	April 2016	32			ACR	0.17		Low Value-High Volum	October 2010	XXX	0.17	NA	1.04	0.02	986576	FALSE			FALSE					TRUE	Maintain			
73120	Radiologic examination, han	X-Ray of Hand/Fingers	April 2016	33			ACR	0.16		CMS High Expenditure	July 2015	XXX	0.16	NA	0.76	0.02	244773	FALSE			FALSE					TRUE	Maintain			
73130	Radiologic examination, han	X-Ray of Hand/Fingers	April 2016	33			ACR	0.17		Low Value-High Volum	October 2010	XXX	0.17	NA	0.92	0.02	1230447	FALSE			FALSE					TRUE	Maintain			
73140	Radiologic examination, fing	X-Ray of Hand/Fingers	April 2016	33			ACR	0.13		CMS High Expenditure	July 2015	XXX	0.13	NA	0.99	0.02	340779	FALSE			FALSE					TRUE	Maintain			
73200	Computed tomography, upp	CT Upper Extremity	October 2009	23			ACR	1.09		CMS Fastest Growing	October 2008	XXX	1	NA	3.98	0.05	127767	FALSE			FALSE					TRUE	Maintain			
73201	Computed tomography, upp	CT Upper Extremity	October 2009	40			ACR	Remove from screen		CMS Fastest Growing	February 2009	XXX	1.16	NA	5.04	0.08	20132	FALSE			FALSE					TRUE	Remove from Screen			
73202	Computed tomography, upp	CT Upper Extremity	October 2009	40			ACR	Remove from screen		CMS Fastest Growing	February 2009	XXX	1.22	NA	6.49	0.08	1750	FALSE			FALSE					TRUE	Remove from Screen			
73206	Computed tomographic angi	CT Angiography	October 2013	12			ACR, SIR	Survey with all CTA co		CMS Request - Final Rt	May 2013	XXX	1.81	NA	7.32	0.14	7201	FALSE			FALSE					TRUE	Remove from Screen			
73218	Magnetic resonance (eg, pro	MRI	October 2013	18			ACR	CPT Assistant publishe		CMS Fastest Growing	October 2008	XXX	1.35	NA	8.09	0.11	31297	TRUE	Feb 2011	Yes	FALSE					TRUE	Maintain			
73221	Magnetic resonance (eg, pro	MRI	January 2012	20			ACR	1.35		CMS Fastest Growing /	October 2008	XXX	1.35	NA	4.88	0.09	428900	FALSE			FALSE					TRUE	Maintain			
73500	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	Deleted from CPT		CMS-Other - Utilizatior	April 2011							FALSE			TRUE	In Jan 2012, the	October 2014	27	Complete	TRUE	Deleted from CPT			
73501	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	0.17		Codes Reported Togetl	October 2014	XXX	0.18	NA	0.79	0.02	225727	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease			
73502	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	0.22		Codes Reported Togetl	October 2014	XXX	0.22	NA	1.17	0.02	2397096	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease			
73503	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	0.27		Codes Reported Togetl	October 2014	XXX	0.27	NA	1.49	0.02	47178	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease			
73510	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	Deleted from CPT		Havard Valued - Utiliza	October 2008							FALSE			FALSE		October 2014	27	Complete	TRUE	Deleted from CPT			
73520	Radiologic examination, hips	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	Deleted from CPT		CMS-Other - Utilizatior	April 2013							FALSE			TRUE	CPT code 73520	October 2014	27	Complete	TRUE	Deleted from CPT			
73521	Radiologic examination, hips	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	0.22		Codes Reported Togetl	October 2014	XXX	0.22	NA	1.00	0.02	137912	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease			
73522	Radiologic examination, hips	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	0.29		Codes Reported Togetl	October 2014	XXX	0.29	NA	1.30	0.02	171162	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease			
73523	Radiologic examination, hips	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	0.31		Codes Reported Togetl	October 2014	XXX	0.31	NA	1.52	0.03	102864	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease			
73540	Radiologic examination, pelv	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	Deleted from CPT		Codes Reported Togetl	October 2014							FALSE			FALSE		October 2014	27	Complete	TRUE	Deleted from CPT			
73542	Radiological examination, sa	Sacroiliac Joint Arthrogra	April 2010	45			ASA, AAPI	Deleted from CPT		Different Performing S	October 2009							TRUE	Deleted fror	Yes	TRUE	The RUC recomr	February 2011	76	Code Delete	TRUE	Deleted from CPT			
73550	Radiologic examination, fem	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	Deleted from CPT		CMS-Other - Utilizatior	April 2011							FALSE			TRUE	In Jan 2012, the	October 2014	27	Complete	TRUE	Deleted from CPT			
73551	Radiologic examination, fem	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	0.16		Codes Reported Togetl	October 2014	XXX	0.16	NA	0.70	0.02	30254	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease			
73552	Radiologic examination, fem	Radiologic Exam-Hip and	April 2015	14			AAOS, ACI	0.18		Codes Reported Togetl	October 2014	XXX	0.18	NA	0.87	0.02	505931	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease			
73560	Radiologic examination, kne	X-Ray Exams	September 2014	17			AAOS, ACI	0.16		Low Value-High Volum	October 2010	XXX	0.16	NA	0.85	0.02	1439460	FALSE			FALSE					TRUE	Decrease			
73562	Radiologic examination, kne	X-Ray Exams	September 2014	17			AAOS, ACI	0.18		Low Value-High Volum	October 2010	XXX	0.18	NA	1.02	0.02	2216138	FALSE			FALSE					TRUE	Maintain			
73564	Radiologic examination, kne	X-Ray Exams	September 2014	17			AAOS, ACI	0.22		Low Value-High Volum	October 2010	XXX	0.22	NA	1.16	0.02	1633314	FALSE			FALSE					TRUE	Maintain			
73565	Radiologic examination, kne	X-Ray Exams	September 2014	17			AAOS, ACI	0.16		CMS-Other - Utilizatior	April 2013	XXX	0.16	NA	1.02	0.02	120857	FALSE			FALSE					TRUE	Decrease			
73580	Radiologic examination, kne	Contrast X-Ray of Knee Jo	October 2021	16			ACR	0.59		High Volume Growth 1	February 2008	XXX	0.59	NA	3.18	0.07	17808	TRUE	Jun 2012	Yes	FALSE	These procedures were referred to CPT for possible del				TRUE	Increase			
73590	Radiologic examination; tibi	X-Ray Exams	September 2014	17			AAOS, ACI	0.16		CMS-Other - Utilizatior	April 2013	XXX	0.16	NA	0.77	0.02	446376	FALSE			FALSE					TRUE	Decrease			
73600	Radiologic examination, ankl	X-Ray Exams	September 2014	17			AAOS, ACI	0.16		CMS-Other - Utilizatior	April 2013	XXX	0.16	NA	0.80	0.02	205057	FALSE			FALSE					TRUE	Maintain			
73610	Radiologic examination, ankl	Radiologic Examination	October 2009	24			ACR, AAO!	0.17		Havard Valued - Utiliza	October 2008	XXX	0.17	NA	0.92	0.02	1141900	FALSE			FALSE					TRUE	Maintain			
73620	Radiologic examination, foot	X-Ray Exam of Foot	April 2011	27			ACR, AAO!	0.16		Low Value-High Volum	October 2010	XXX	0.16	NA	0.67	0.02	449205	FALSE			FALSE					TRUE	Maintain			
73630	Radiologic examination, foot	Radiologic Examination	October 2009	24			ACR, AAO!	0.17		Havard Valued - Utiliza	October 2008	XXX	0.17	NA	0.84	0.02	2542826	FALSE			FALSE					TRUE	Maintain			
73650	Radiologic examination; calc	X-Ray Heel	January 2019	31			AAOS, ACI	0.16		CMS-Other - Utilizatior	April 2016	XXX	0.16	NA	0.68	0.02	66700	FALSE			FALSE					TRUE	Maintain			
73660	Radiologic examination; toe(	X-Ray Toe	January 2019	32			AAOS, ACI	0.13		CMS-Other - Utilizatior	April 2016	XXX	0.13	NA	0.73	0.02	98154	FALSE			FALSE					TRUE	Maintain			
73700	Computed tomography, low	CT Lower Extremity	April 2018	21			ACR	1.00		CMS Fastest Growing	October 2008	XXX	1	NA	2.96	0.05	338121	FALSE			FALSE					TRUE	Maintain			
73701	Computed tomography, low	CT Lower Extremity	April 2018	21			ACR	1.16		High Volume Growth 1	February 2009	XXX	1.16	NA	3.94	0.08	49729	FALSE			FALSE					TRUE	Maintain			
73702	Computed tomography, low	CT Lower Extremity	April 2018	21			ACR	1.22		High Volume Growth 1	February 2009	XXX	1.22	NA	4.77	0.08	4736	FALSE			FALSE					TRUE	Maintain			
73706	Computed tomographic angi	CT Angiography	October 2013	12			ACR, SIR	Survey for October 201		High Volume Growth 1	February 2008	XXX	1.9	NA	8.04	0.14	18273	FALSE			FALSE					TRUE	Remove from Screen			
73718	Magnetic resonance (eg, pro	MRI Lower Extremity	October 2016	20		RUC	ACR	1.35		CMS High Expenditure	July 2015	XXX	1.35	NA	5.56	0.09	130744	FALSE			FALSE					TRUE	Maintain			
73719	Magnetic resonance (eg, pro	MRI Lower Extremity	October 2016	20		RUC	ACR	1.62		CMS High Expenditure	July 2015	XXX	1.62	NA	6.50	0.10	996	FALSE			FALSE					TRUE	Maintain			
73720	Magnetic resonance (eg, pro	MRI Lower Extremity	October 2016	20		RUC	ACR	2.15		CMS High Expenditure	July 2015	XXX	2.15	NA	8.28	0.15	59489	FALSE			FALSE					TRUE	Maintain			
73721	Magnetic resonance (eg, pro	MRI of Lower Extremity Jc	January 2012	20			ACR	1.35		MPC List	October 2010	XXX	1.35	NA	4.87	0.09	597704	FALSE			FALSE					TRUE	Maintain			
74000	Radiologic examination, abd	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT		Low Value-High Volum	October 2010							FALSE			FALSE		February 2016	21	Complete	TRUE	Deleted from CPT			
74010	Radiologic examination, abd	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT		CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	21	Complete	TRUE	Deleted from CPT			
74018	Radiologic examination, abd	Abdominal X-Ray	April 2016	08			ACR	0.18		CMS High Expenditure	February 2016	XXX	0.18	NA	0.70	0.02	1943803	FALSE			FALSE		February 2016	21	Complete	TRUE	Decrease			
74019	Radiologic examination, abd	Abdominal X-Ray	April 2016	08			ACR	0.23		CMS High Expenditure	February 2016	XXX	0.23	NA	0.86	0.02	301854	FALSE			FALSE		February 2016	21	Complete	TRUE	Decrease			
74020	Radiologic examination, abd	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT		CMS High Expenditure	July 2015							FALSE			FALSE		February 2016	21	Complete	TRUE	Deleted from CPT			
74021	Radiologic examination, abd	Abdominal X-Ray	April 2016	08			ACR	0.27		CMS High Expenditure	February 2016	XXX	0.27	NA	1.00	0.02	40490	FALSE			FALSE		February 2016	21	Complete	TRUE	Decrease			
74022	Radiologic examination, com	Abdominal X-Ray	April 2016	08			ACR	0.32		CMS High Expenditure	July 2015	XXX	0.32	NA	1.15	0.03	154690	FALSE			FALSE		February 2016	21	Complete	TRUE	Maintain			
74150	Computed tomography, abd	CT Abdomen	February 2008	S			ACR	Review PE. 0.35		Codes Reported Togetl	February 2008	XXX	1.19	NA	2.98	0.07	62048	FALSE			TRUE	Referred to the (	October 2009	37	Complete	TRUE	Maintain			
74160	Computed tomography, abd	CT Abdomen and Pelvis	April 2014	44			ACR	0.42		Codes Reported Togetl	February 2008	XXX	1.27	NA	5.96	0.09	85997	FALSE			TRUE	Referred to the (	October 2009	37	Complete	TRUE	Maintain			
74170	Computed tomography, abd	CT Abdomen	April 2012	34			ACR	1.40		Codes Reported Togetl	February 2008	XXX	1.4	NA	6.72	0.09	98664	FALSE			TRUE	Referred to the (	October 2009	37	Complete	TRUE	Maintain			
74174	Computed tomographic angi	CT Angiography	October 2013	12			ACR, SIR	2.20		Codes Reported Together	75% or More-Pa	XXX	2.2	NA	9.50	0.16	326502	FALSE			FALSE					TRUE	Decrease			
74175	Computed tomographic angi	CT Angiography	October 2013	12			ACR, SIR	1.82		CMS Fastest Growing /	October 2008	XXX	1.82	NA	7.60	0.14	30514	FALSE			TRUE	The ACR submitt	October 2010	19	Complete	TRUE	Decrease			
74176	Computed tomography, abd	CT Abdomen/CT Pelvis	February 2010	16			ACR	1.74		CMS Fastest Growing	October 2009	XXX	1.74	NA	3.82	0.12	1996910	FALSE			FALSE		October 2009	37		TRUE	Decrease			
74177	Computed tomography, abd	CT Abdomen and Pelvis	April 2014	44			ACR	1.82		CMS Fastest Growing /	October 2009	XXX	1.82	NA	7.58	0.12	3314771	FALSE			FALSE		October 2009	37		TRUE	Decrease			
74178	Computed tomography, abd	CT Abdomen/CT Pelvis	February 2010	16			ACR	2.01		CMS Fastest Growing	October 2009	XXX	2.01	NA	8.53	0.12	488616	FALSE			FALSE		October 2009	37		TRUE	Decrease			
74181	Magnetic resonance (eg, pro	MRI of Abdomen	October 2016	21		RUC	ACR	1.46		CMS High Expenditure	July 2015	XXX	1.46	NA	4.57	0.10	104564	FALSE			FALSE					TRUE	Maintain			
74182	Magnetic resonance (eg, pro	MRI of Abdomen	October 2016	21		RUC	ACR	1.73		CMS High Expenditure	July 2015	XXX	1.73	NA	7.63	0.14	3787	FALSE			FALSE					TRUE	Maintain			
74183	Magnetic resonance (eg, pro	MRI of Abdomen	October 2016	21		RUC	ACR	2.20		CMS High Expenditure	July 2015	XXX	2.2	NA	8.26	0.15	381929	FALSE			FALSE					TRUE	Decrease			
74210	Radiologic examination, pha	X-Ray Exam – Upper GI	January 2019	12			ACR	0.59		CMS-Other - Utilizatior	October 2016	XXX	0.59	NA	2.28	0.05	1014	FALSE			FALSE					TRUE	Maintain			
74220	Radiologic examination, eso	X-Ray Exam – Upper GI	January 2019	12			ACR	0.60		CMS-Other - Utilizatior	April 2016	XXX	0.6	NA	2.34	0.05	101875	FALSE			FALSE					TRUE	Decrease			
74221	Radiologic examination, eso	X-Ray Exam – Upper GI	January 2019	12				0.70		CMS-Other - Utilizatior	October 2018	XXX	0.7	NA	2.61	0.05	62697	FALSE			FALSE					TRUE	Increase			
74230	Radiologic examination, swa	X-Ray Esophagus	April 2017	25			ACR	0.53		CMS-Other - Utilizatior	April 2013	XXX	0.53	NA	3.24	0.05	300780	FALSE			FALSE					TRUE	Maintain			
74240	Radiologic examination, upp	X-Ray Exam – Upper GI	January 2019	12			ACR	0.80		CMS-Other - Utilizatior	October 2017	XXX	0.8	NA	2.89	0.05	69897	FALSE			TRUE	In January 2018,	May 2018	27	Yes	TRUE	Increase			
74241	Radiologic examination, gast	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT		CMS-Other - Utilizatior	October 2017							FALSE			TRUE	In January 2018,	May 2018	27	Yes	TRUE	Deleted from CPT			
74245	Radiologic examination, gast	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT		CMS-Other - Utilizatior	October 2017							FALSE			TRUE	In January 2018,	May 2018	27	Yes	TRUE	Deleted from CPT			
74246	Radiologic examination, upp	X-Ray Exam – Upper GI	January 2019	12			ACR	0.90		CMS-Other - Utilizatior	October 2017	XXX	0.9	NA	3.29	0.05	51276	FALSE			TRUE	In January 2018,	May 2018	27	Yes	TRUE	Increase			
74247	Radiological examination, ga	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT		Harvard Valued - Utiliz	April 2011							FALSE			TRUE	In January 2018,	May 2018	27	Yes	TRUE	Deleted from CPT			

74248	Radiologic small intestine fol	X-Ray Exam – Upper GI	January 2019	12					0.70	CMS-Other - Utilizatior	October 2018	ZZZ	0.7	NA	1.76	0.05	16404	FALSE			TRUE	In January 2019, February 2019-EC		EC-T I:	complete	TRUE	Increase				
74249	Radiological examination, ga	X-Ray Exam – Upper GI	January 2019	12			ACR		Deleted from CPT	CMS-Other - Utilizatior	October 2017							FALSE			TRUE	In January 2018, May 2018		27	Yes	TRUE	Deleted from CPT				
74250	Radiologic examination, sma	Lower Gastroinetstinal Tr	October 2018	11			ACR		0.81	CMS-Other - Utilizatior	October 2017	XXX	0.81	NA	2.86	0.05	44087	FALSE			TRUE	In January 2018, May 2018		27	Yes	TRUE	Increase				
74251	Radiologic examination, sma	Lower Gastroinetstinal Tr	October 2018	11			ACR		1.17	CMS-Other - Utilizatior	October 2017	XXX	1.17	NA	9.99	0.07	351	FALSE			TRUE	In January 2018, May 2018		27	Yes	TRUE	Increase				
74260	Duodenography, hypotonic	X-Ray Exam – Small Intest	October 2018	11			ACR		Deleted from CPT	CMS-Other - Utilizatior	October 2017							FALSE			TRUE	In January 2018, May 2018		27	Yes	TRUE	Deleted from CPT				
74270	Radiologic examination, colo	Lower Gastroinetstinal Tr	October 2018	11			ACR		1.04	CMS-Other - Utilizatior	October 2017	XXX	1.04	NA	3.58	0.05	21188	FALSE			TRUE	In January 2018, May 2018		27	Yes	TRUE	Increase				
74280	Radiologic examination, colo	Lower Gastroinetstinal Tr	October 2018	11			ACR		1.26	Harvard Valued - Utiliz	April 2011	XXX	1.26	NA	5.38	0.09	5661	FALSE			TRUE	In January 2018, May 2018		27	Yes	TRUE	Increase				
74300	Cholangiography and/or pan	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGE		0.32	CMS-Other - Utilizatior	October 2018	XXX	0	NA	0.00	0.00	22738	FALSE			FALSE					TRUE	Decrease				
74301	Cholangiography and/or pan	X-Rays at Surgery Add-On	October 2020	19			ACR, ACS,		0.21	CMS-Other - Utilizatior	October 2018	ZZZ	0	NA	0.00	0.00	72	FALSE			FALSE	This service was identified with 74300. In January 2019,				TRUE	Maintain				
74305	Deleted from CPT	Percutaneous Biliary Proc	October 2015	06		RUC	ACR, SIR		Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	February 2015	16	Complete	TRUE	Deleted from CPT				
74320	Cholangiography, percutane	Percutaneous Biliary Proc	October 2015	06		RUC	ACR, SIR		Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	February 2015	16	Complete	TRUE	Deleted from CPT				
74327	Postoperative biliary duct ca	Percutaneous Biliary Proc	October 2015	06		RUC	ACR, SIR		Deleted from CPT	Codes Reported Togetl	February 2015							FALSE			FALSE		February 2015	16		TRUE	Deleted from CPT				
74328	Endoscopic catheterization c	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGE		0.47	CMS-Other - Utilizatior	October 2018	XXX	0	NA	0.00	0.00	61638	FALSE			FALSE					TRUE	Decrease				
74329	Endoscopic catheterization c	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGE		0.50	CMS-Other - Utilizatior	October 2018	XXX	0	NA	0.00	0.00	2577	FALSE			FALSE					TRUE	Decrease				
74330	Combined endoscopic cathe	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGE		0.70	CMS-Other - Utilizatior	October 2018	XXX	0	NA	0.00	0.00	11174	FALSE			FALSE					TRUE	Decrease				
74400	Urography (pyelography), in	Contrast X-Ray Exams	September 2011	31			ACR		0.49	Harvard Valued - Utiliz	April 2011	XXX	0.49	NA	3.55	0.06	3315	FALSE			FALSE					TRUE	Maintain				
74420	Urography, retrograde, with	X-Ray Urinary Tract	April 2017	26			ACR, AUA		0.52	CMS-Other - Utilizatior	April 2016	XXX	0.52	NA	1.76	0.03	149626	FALSE			FALSE					TRUE	Increase				
74425	Urography, antegrade, radio	Urography	October 2018	18			ACR, AUA,		0.51, editorially revise	Codes Reported Togetl	October 2012	XXX	0.51	NA	3.58	0.03	1469	FALSE			TRUE	CPT code 74425	September 2019	27	yes	TRUE	Increase				
74475	Introduction of intracatheter	Genitourinary Catheter Pr	January 2015	09			ACR, SIR		Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	October 2014	18	Complete	TRUE	Deleted from CPT				
74480	Introduction of ureteral cath	Genitourinary Catheter Pr	January 2015	09			ACR, SIR		Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	October 2014	18	Complete	TRUE	Deleted from CPT				
74485	Dilation of ureter(s) or ureth	Dilation of Urinary Tract	January 2018	12					0.83	Codes Reported Togetl	September 2017	XXX	0.83	NA	2.70	0.05	1316	FALSE			FALSE					TRUE	Increase				
75561	Cardiac magnetic resonance	imaging for morphology a	January 2021	29					Maintain	High Volume Growth7	October 2020	XXX	2.6	NA	8.65	0.13	36144	FALSE			FALSE					TRUE	Remove from Screen				
75571	Computed tomography, hea	RAW	September 2022	13			ACC, ACR,		Maintain	High Volume Growth8	April 2022	XXX	0.58	NA	2.46	0.05	48132	FALSE			FALSE					TRUE	Maintain				
75572	Computed tomography, heart, with contrast material,		January 2021	29					Maintain	High Volume Growth7	October 2020	XXX	1.75	NA	5.16	0.12	37654	FALSE			FALSE					TRUE	Remove from Screen				
75574	Computed tomographic angiography, heart, coronary a		January 2021	29			ACR, SIR, A		Maintain	CMS Request - Final Ru	May 2013	XXX	2.4	NA	7.38	0.15	110974	FALSE			FALSE					TRUE	Remove from Screen				
75625	Aortography, abdominal, by	Abdominal Aortography	October 2018	19			ACC, SCAI,	1.75		CMS-Other - Utilizatior	October 2017	XXX	1.44	NA	2.14	0.20	77919	FALSE			FALSE					TRUE	Increase				
75630	Aortography, abdominal plu	Abdominal Aortography	October 2018	19			ACC, SCAI,	2.00		CMS-Other - Utilizatior	October 2017	XXX	2	NA	2.48	0.21	19887	FALSE			FALSE					TRUE	Increase				
75635	Computed tomographic angi	CT Angiography of Abdon	April 2016	34			ACR		2.40	High Volume Growth1	February 2008	XXX	2.4	NA	10.17	0.16	105000	FALSE			FALSE					TRUE	Maintain				
75650	Angiography, carotid, cervica	Carotid Angiography	April 2010	45			ACC, ACR,		Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Deleted from CPT				
75671	Angiography, carotid, cerebr	Carotid Angiography	April 2010	45			AANS/CNS		Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Deleted from CPT				
75680	Angiography, carotid, cervica	Carotid Angiography	April 2010	45			AANS/CNS		Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	February 2012	12	Complete	TRUE	Deleted from CPT				
75710	Angiography, extremity, unil	Angiography of Extremitie	January 2021	29	January 2024	RAW	ACR, ACC,		Refer to CPT Assistant	CMS High Expenditure	July 2015	XXX	1.75	NA	2.51	0.24	132977	TRUE	July 2021	complete	FALSE					FALSE	Increase				
75716	Angiography, extremity, bila	Angiography of Extremitie	October 2016	22		RUC	ACR, ACC,	1.97		CMS High Expenditure	July 2015	XXX	1.97	NA	2.67	0.22	57043	FALSE			FALSE					TRUE	Increase				
75722	Angiography, renal, unilatera	Renal Angiography	April 2010	45			ACC, ACR,		Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	February 2011	06	Code Delete	TRUE	Deleted from CPT				
75724	Angiography, renal, bilateral	Renal Angiography	April 2010	45			ACC, ACR,		Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	February 2011	06	Code Delete	TRUE	Deleted from CPT				
75726	Angiography, visceral, select	Angiography	October 2018	20			SCAI, SIR,	2.05		CMS-Other - Utilizatior	October 2017	XXX	2.05	NA	2.89	0.19	38496	FALSE			FALSE					TRUE	Increase				
75774	Angiography, selective, each	Angiography	October 2018	20			SCAI, SIR,	1.01		CMS-Other - Utilizatior	October 2017	ZZZ	1.01	NA	1.81	0.09	73664	FALSE			FALSE					TRUE	Increase				
75790	Deleted from CPT	Arteriovenous Shunt Ima	April 2009	9			SVS, SIR, A		Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	February 2009	31	Deleted	TRUE	Deleted from CPT				
75791	Angiography, arteriovenous	Dialysis Circuit -1	January 2016	14			ACR, RPA,		Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 2015	24	Complete	TRUE	Deleted from CPT				
75820	Venography, extremity, unila	Venography	January 2020	29					1.05	CMS-Other - Utilizatior	January 2019	XXX	1.05	NA	2.13	0.09	21725	FALSE			FALSE					TRUE	Increase				
75822	Venography, extremity, bilat	Venography	January 2020	29					1.48	CMS-Other - Utilizatior	October 2019	XXX	1.48	NA	2.37	0.13	10013	FALSE			FALSE					TRUE	Increase				
75885	Percutaneous transhepatic p	Interventional Radiology I	February 2009	21			ACR, SIR		New PE inputs	CMS Request - Practice	NA	XXX	1.44	NA	2.53	0.12	276	FALSE			FALSE					TRUE	PE Only				
75887	Percutaneous transhepatic p	Interventional Radiology I	February 2009	21			ACR, SIR		New PE inputs	CMS Request - Practice	NA	XXX	1.44	NA	2.59	0.12	615	FALSE			FALSE					TRUE	PE Only				
75894	Transcatheter therapy, embo	Transcatheter Procedures	September 2022	13	January 2024	RUC	AANS, ACI		Refer to CPT to create	Codes Reported Togetl	February 2010	XXX	0	NA	0.00	0.00	10086	FALSE			TRUE	In April 2022, th	September 2023			FALSE	Maintain				
75896	Transcatheter therapy, infus	Intracranial Endovascular	April 2015	09			AANS/CNS		Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	AANS indicated	February 2014 Febr	21 & 1	Complete	TRUE	Deleted from CPT				
75898	Angiography through existin	Intracranial Endovascular	September 2022	13	January 2024	RUC	AANS, ACI		Refer to CPT for code t	Codes Reported Togetl	February 2010	XXX	0	NA	0.00	0.00	13562	TRUE	Sep 2019	complete	TRUE	In April 2022, th	September 2023	February 2014 Febru		FALSE	Contractor Price				
75940	Percutaneous placement of I	Major Vein Revision	April 2010	45			ACR, SIR, S		Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	February 2011	14	Code Delete	TRUE	Deleted from CPT				
75945	Intravascular ultrasound (no	Intravascular Ultrasound	January 2015	07			ACC,SCAI,		Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was subm	October 2014	13	Complete	TRUE	Deleted from CPT				
75946	Intravascular ultrasound (no	Intravascular Ultrasound	January 2015	07			ACC,SCAI,		Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was subm	October 2014	13	Complete	TRUE	Deleted from CPT				
75952	Endovascular repair of infrar	Endovascular Repair Proc	January 2017	10			SVS, SIR, S		Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT				
75953	Placement of proximal or dis	Endovascular Repair Proc	January 2017	10			SVS, SIR, S		Deleted from CPT	Codes Reported Togetl	October 2015							FALSE			FALSE					TRUE	Deleted from CPT				
75954	Endovascular repair of iliac a	Endovascular Repair Proc	January 2017	10			SVS, SIR, S		Deleted from CPT	Codes Reported Togetl	January 2017							FALSE			FALSE					TRUE	Deleted from CPT				
75960	Transcatheter introduction c	RAW	October 2012	27			ACC, ACR,		Deleted from CPT	High Volume Growth1	/ Codes Reported Together 75% or More-Part1							FALSE			TRUE	In February 201(	February 2013	10	Code Delete	TRUE	Deleted from CPT				
75961	Transcatheter retrieval, perc	Transcatheter Procedures	April 2010	45			ACC, ACR,		Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	June 2011		Code Delete	TRUE	Deleted from CPT				
75962	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15			ACR, SIR, S		Deleted from CPT	High Volume Growth1	April 2010							FALSE			TRUE	The Workgroup	October 2015	24	Complete	TRUE	Deleted from CPT				
75964	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15			ACR, SIR, S		Deleted from CPT	High Volume Growth1								FALSE			TRUE	In February 201(	October 2015	24	Complete	TRUE	Deleted from CPT				
75966	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15			ACR, SIR, S		Deleted from CPT	Codes Reported Togetl	January 2015							FALSE			TRUE	In January 2015,	October 2015	24	Complete	TRUE	Deleted from CPT				
75968	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15			ACR, SIR, S		Deleted from CPT	Codes Reported Togetl	January 2015							FALSE			TRUE	In January 2015,	October 2015	24	Complete	TRUE	Deleted from CPT				
75978	Transluminal balloon angiop	Open and Percutaneous T	January 2016	15			ACR, SIR, S		Deleted from CPT	CMS-Other - Utilizatior	April 2013							FALSE			TRUE	CPT code 75978	October 2015	24	Complete	TRUE	Deleted from CPT				
75980	Percutaneous transhepatic b	Percutaneous Biliary Proc	October 2015	06		RUC	ACR, SIR		Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	February 2015	16	Complete	TRUE	Deleted from CPT				
75982	Percutaneous placement of (	Percutaneous Biliary Proc	October 2015	06		RUC	ACR, SIR		Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	The Joint Workg	February 2015	16	Complete	TRUE	Deleted from CPT				
75984	Change of percutaneous tub	Introduction of Catheter (	April 2019	17			ACR, SIR	0.83		Codes Reported Togetl	October 2012	XXX	0.83	NA	2.00	0.05	19778	FALSE			FALSE		RAW will assess Oct 2018			TRUE	Increase				
75992	Deleted from CPT	Transluminal Arthrectom	April 2008	57			SIR, ACR, S		Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Deleted-new	TRUE	Deleted from CPT				
75993	Deleted from CPT	Transluminal Arthrectom	April 2008	57			SIR, ACR, S		Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Deleted-new	TRUE	Deleted from CPT				
75994	Revised to Category III	Transluminal Arthrectom	April 2008	57			SIR, ACR, S		Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Category III	TRUE	Deleted from CPT				
75995	Revised to Category III	Transluminal Arthrectom	April 2008	57			SIR, ACR, S		Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Category III	TRUE	Deleted from CPT				
75996	Revised to Category III	Transluminal Arthrectom	April 2008	57			SIR, ACR, S		Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recomr	February 2010	07	Category III	TRUE	Deleted from CPT				
76000	Fluoroscopy (separate proce	Fluoroscopy	April 2017	27			ACR, APM	0.30		Low Value-Billed in Mc	October 2010	XXX	0.3	NA	0.95	0.05	102019	FALSE			FALSE					TRUE	Increase				
76001	Fluoroscopy, physician or otl	Fluoroscopy	April 2017	27			ACR		Deleted from CPT	CMS-Other - Utilizatior	October 2016							FALSE			TRUE	In April 2017 the	September 2017	27	complete	TRUE	Deleted from CPT				
76098	Radiological examination, su	X-Ray Exam Specimen	October 2018	21			ACR	0.31		CMS-Other - Utilizatior	October 2017	XXX	0.31	NA	0.92	0.03	69462	FALSE			FALSE					TRUE	Increase				
76100	Radiologic examination, sing	Fluroscopy	April 2009	27			ACR, ISIS		New PE inputs	CMS Request - Practice	April 2009	XXX	0.58	NA	2.07	0.05	6850	FALSE			FALSE					TRUE	PE Only				
76101	Radiologic examination, com	Fluroscopy	April 2009	27			ACR, ISIS		New PE inputs	CMS Request - Practice	April 2009	XXX					1	FALSE			FALSE					TRUE	PE Only				
76102	Radiologic examination, com	Fluroscopy	April 2009	27			ACR, ISIS		New PE inputs	CMS Request - Practice	April 2009	XXX					2793	FALSE			FALSE					TRUE	PE Only				
76376	3d rendering with interpreta	3D Rendering	April 2018	23			ACR, ASNF	0.20		Negative IWPUT	April 2017	XXX	0.2	NA	0.50	0.02	279233	FALSE			FALSE					TRUE	Maintain				
76377	3d rendering with interpreta	3D Rendering with Interp	October 2021	17			ACR, ASNF	0.79		CMS Request - Final Ru	July 2019	XXX	0.79	NA	1.43	0.05	172788	FALSE			FALSE					TRUE	Maintain				
76510	Ophthalmic ultrasound, diag	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS	0.70		CMS High Expenditure	April 2016	XXX	0.7	NA	1.34	0.02	12903	FALSE			FALSE					TRUE	Decrease				
76511	Ophthalmic ultrasound, diag	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS	0.64		CMS High Expenditure	April 2016	XXX	0.64	NA	1.04	0.02	3771	FALSE			FALSE					TRUE	Decrease				
76512	Ophthalmic ultrasound, diag	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS	0.56		CMS High Expenditure	July 2015	XXX	0.56	NA	0.85	0.02	209882	FALSE			FALSE					TRUE	Decrease				
76513	Ophthalmic ultrasound, diag	Ophthalmic Ultrasound A	January 2020	17			AAO, AOA	0.60 and CPT Assistant		High Volume Growth1	February 2008	XXX	0.6	NA	1.62	0.02	15878	TRUE	Apr 2013	Yes	TRUE	At the April 201(	September 2019	28	yes	TRUE	Decrease				
76514	Ophthalmic ultrasound, diag	Echo Exam of Eye Thickne	October 2017	12			AAO, AOA	0.17		Negative IWPUT	April 2017	XXX	0.14	NA	0.18	0.02	438672	FALSE			FALSE					TRUE	Maintain				
76516	Ophthalmic biometry by ultr	Opthalmic Biometry	April 2016	36			AAO, AOA	0.40		CMS High Expenditure	April 2016	XXX	0.4	NA	0.97	0.02	2273	FALSE			FALSE					TRUE	Decrease				
76519	Ophthalmic biometry by ultr	Opthalmic Biometry	April 2016	36			AAO, AOA	0.54		CMS High Expenditure	July 2015	XXX	0.54	NA	1.45	0.02	137533	FALSE			FALSE					TRUE	Maintain				
76536	Ultrasound, soft tissues of he	Soft Tissue Ultrasound	April 2009	29			ACR, ASNF	0.56		CMS Fastest Growing	October 2008	XXX	0.56	NA	2.74	0.05	874305	FALSE			FALSE					TRUE	Maintain				
76604	Ultrasound, chest (includes r	Ultrasound Exam - Chest	April 2018	24			ACR	0.59		CMS-Other - Utilizatior	October 2017	XXX	0.59	NA	1.06	0.05	103362	FALSE			FALSE					TRUE	Increase				
76641	Ultrasound, breast, unilatera	Breast Ultrasound	January 2014	13			ACR	0.73		CMS-Other - Utilizatior	January 2014	XXX	0.73	NA	2.33	0.05	685993	FALSE			FALSE		October 2013	26	Complete	TRUE	Increase				
76642	Ultrasound, breast, unilatera	Breast Ultrasound	January 2014	13			ACR	0.68		CMS-Other - Utilizatior	January 2014	XXX	0.68	NA	1.83	0.05	736738	FALSE			FALSE		October 2013	26	Complete	TRUE	Increase				
76645	Ultrasound, breast(s) (unilat	Breast Ultrasound	January 2014	13			ACR		Deleted from CPT	CMS-Other - Utilizatior	April 2011							FALSE			TRUE	Code 76645, Ulti	October 2013	26	Complete	TRUE	Deleted from CPT				
76700	Ultrasound, abdominal, real	Ultrasound	October 2013	13			ACR	0.81		MPC List	October 2010	XXX	0.81	NA	2.65	0.05	765508	FALSE			FALSE					TRUE	Maintain				
76705	Ultrasound, abdominal, real	Ultrasound	October 2013	13			ACR, ASBS	0.59		CMS-Other - Utilizatior	April 2011	XXX	0.59	NA	2.01	0.05	994878	FALSE			FALSE					TRUE	Maintain				
76706	Ultrasound, abdominal aorta	Abdominal Aorta Ultrasou	October 2015	12			ACR, SIR, S	0.55		Final Rule for 2015	May 2015	XXX	0.55	NA	2.61	0.05	140849	TRUE	Jan 2017	Yes	FALSE		May 2015	23	Complete	TRUE	Decrease				
76770	Ultrasound, retroperitoneal	Ultrasound	October 2013	13			ACR	0.74		CMS-Other - Utilizatior	April 2011	XXX	0.74	NA	2.48	0.05	1216019	FALSE			FALSE					TRUE	Maintain				
76775	Ultrasound, retroperitoneal	Ultrasound	October 2013	13			ACR	0.58		CMS-Other - Utilizatior	April 2011	XXX	0.58	NA	1.14	0.05	448875	FALSE			FALSE					TRUE	Maintain				
76819	Fetal biophysical profile; wit	RAW	October 2013	18					Remove from screen	High Volume Growth2	April 2013	XXX	0.77	NA	1.72	0.03	10377	FALSE			FALSE					TRUE	Remove from Screen				
76830	Ultrasound, transvaginal	Transvaginal and Transre	April 2012	44			ACOG, ACI	0.69		CMS High Expenditure	September 2011	XXX	0.69	NA	2.87	0.05	386332	FALSE			FALSE					TRUE	Maintain				
76856	Ultrasound, pelvic (nonobste	Ultrasound	October 2013	13			ACR	0.69		CMS-Other - Utilizatior	April 2011	XXX	0.69	NA	2.44	0.05	369449	FALSE			FALSE					TRUE	Maintain				

76857	Ultrasound, pelvic (nonobste	Ultrasound	October 2013	07			ACR	0.50	CMS-Other - Utilizatior	April 2013	XXX	0.5	NA	0.93	0.03	190635	FALSE			FALSE						TRUE	Decrease
76870	Ultrasound, scrotum and cor	Ultrasound Exam - Scrotu	April 2017	28			ACR, AUA	0.64	CMS-Other - Utilizatior	April 2016	XXX	0.64	NA	2.35	0.05	130406	FALSE			FALSE						TRUE	Maintain
76872	Ultrasound, transrectal;	Transvaginal and Transre	September 2022	13	January 2024	RUC	ACOG, ACI	Refer to CPT. 0.69	CMS High Expenditure	September 2011	XXX	0.69	NA	5.30	0.04	197470	FALSE			TRUE	In April 2022, th	September 2023				FALSE	Maintain
76880	Deleted from CPT	Lower Extremity Ultrasou	October 2009	26			APMA, AC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The RUC recomr	February 2010	37	Deleted	TRUE	Deleted from CPT
76881	Ultrasound, complete joint (	Neuromuscular Ultrasour	January 2023	19			AAN, AAN	New PE Inputs. 0.90	CMS Fastest Growing /	April 2010	XXX	0.9	NA	0.66	0.05	181541	TRUE	Clinical Exar Yes		TRUE	In February 201(	June 2017	13	yes	TRUE	Decrease
76882	Ultrasound, limited, joint or	Neuromuscular Ultrasour	January 2023	19			AAN, AAN	New PE Inputs. 0.69	CMS Fastest Growing /	April 2010	XXX	0.69	NA	0.52	0.05	279657	TRUE	Clinical Exar Yes		TRUE	In February 201(	June 2017	13	yes	TRUE	Decrease
76883	Ultrasound, nerve(s) and acc	Neuromuscular Ultrasour	January 2023	19			AAN, AAN	New PE Inputs. 1.21	New Technology/New	October 2021	XXX	1.21	NA	0.87	0.07		FALSE			FALSE						TRUE	Increase
76930	Ultrasonic guidance for peric	Pericardiocentesis and Pe	January 2019	04			ACC	Deleted from CPT	CMS Request - Final Ru	July 2013							FALSE			FALSE		September 2018	14	Complete	TRUE	Deleted from CPT
76932	Ultrasonic guidance for endc	Ultrasound Guidance	April 2014	34			ACC	0.67	CMS Request - Final Ru	July 2013	YYY	0	NA	0.00	0.00	1031	FALSE			FALSE						TRUE	Maintain
76936	Ultrasound guided compress	RAW	October 2013	18				Maintain	CMS Request - Final Ru	July 2013	XXX	1.99	NA	5.51	0.26	593	FALSE			FALSE						TRUE	Maintain
76937	Ultrasound guidance for vas	Ultrasound Guidance for '	September 2022	07			ACR, SIR, S	0.30	Identified in RUC revie	January 2018	ZZZ	0.3	NA	0.84	0.04	642405	FALSE			FALSE						TRUE	Maintain
76940	Ultrasound guidance for, anc	Ultrasound Guidance	January 2015	29			ACS, ACR,	2.00	CMS Request - Final Ru	July 2013	YYY	0	NA	0.00	0.00	1199	FALSE			FALSE						TRUE	Maintain
76942	Ultrasonic guidance for neec	Somatic Nerve Injections	October 2021	05			AAPM, AA	0.67	CMS-Other - Utilizatior	April 2011	XXX	0.67	NA	1.02	0.05	1121629	FALSE			TRUE	During the Octol	May 2021	14	complete	TRUE	Maintain
76948	Ultrasonic guidance for aspir	Echo Guidance for Ova As	January 2015	25			ACOG	0.85	CMS Request - Final Ru	July 2013	XXX	0.67	NA	1.72	0.02	8	FALSE			FALSE						TRUE	Increase
76950	Ultrasonic guidance for plac	Ultrasound Guidance	April 2014	34				Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	At the April 201:	October 2013	28	Complete	TRUE	Deleted from CPT
76965	Ultrasonic guidance for inter	Ultrasound Guidance	September 2014	21			NO INTERI	Maintain	CMS Request - Final Ru	July 2013	XXX	1.34	NA	1.40	0.05	4906	FALSE			FALSE						TRUE	Maintain
76970	Ultrasound study follow-up (	IMRT with Ultrasound Gu	October 2019	17			ACS, ACR,	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	In October 2018	February 2020	9	Complete	TRUE	Deleted from CPT
76978	Ultrasound, targeted dynam	RAW	April 2023	15				Refer to CPT Assistant	New Technology/New	January 2018	XXX	1.62	NA	5.96	0.10	948	TRUE			FALSE						FALSE	
76979	Ultrasound, targeted dynam	RAW	April 2023	15				Refer to CPT Assistant	New Technology/New	January 2018	XXX	0.85	NA	4,12	0.05	74	TRUE			FALSE						FALSE	
76998	Ultrasonic guidance, intraop	Intraoperative Ultrasounc	September 2022	05			AATS, ACC	1.20	CMS-Other - Utilizatior	January 2019	XXX	0	NA	0.00	0.00	28257	FALSE			TRUE	In October 2018	May 2022	20	complete	TRUE	Maintain
77001	Fluoroscopic guidance for ce	PICC Line Procedures	January 2018	09		RUC	AANS, AAI	0.38	MPC List / CMS Reque:	January 2012	ZZZ	0.38	NA	2.59	0.05	269997	FALSE			TRUE	In the NPRM for	October 2015		Complete	TRUE	Maintain
77002	Fluoroscopic guidance for ne	Somatic Nerve Injections	October 2021	05			AAPM, AA	0.54	MPC List / CMS Reque:	January 2012	ZZZ	0.54	NA	2.91	0.05	544134	FALSE			TRUE	In the NPRM for	October 2015		Complete	TRUE	Maintain
77003	Fluoroscopic guidance and lc	Somatic Nerve Injections	October 2021	05			AAPM, AA	0.60	MPC List / CMS Reque:	October 2010	ZZZ	0.6	NA	2.53	0.05	27200	FALSE			TRUE	In the NPRM for	October 2015		Complete	TRUE	Maintain
77011	Computed tomography guid	IMRT with CT Guidance	October 2010	15			ASTRO, AC	New PE inputs	CMS Request - Practice Expense Review		XXX	1.21	NA	5.42	0.09	3899	FALSE			FALSE						TRUE	PE Only
77012	Computed tomography guid	Lung Biopsy-CT Guidance	April 2019	05	September 2023	RUC	ACR, SIR	Survey. Bundled 32405	CMS-Other - Utilizatior	April 2016	XXX	1.5	NA	2.63	0.11	137969	FALSE			TRUE	In October 2017	February 2019	11	complete	TRUE	Increase
77014	Computed tomography guid	IMRT with CT Guidance	October 2021	20			ASTRO, AC	Remove from screen	CMS Request - Practice	October 2010	XXX	0.85	NA	2.71	0.05	2435082	FALSE			FALSE						TRUE	Maintain
77031	Stereotactic localization guid	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
77032	Mammographic guidance for	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reported Togetl	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
77046	Magnetic resonance imaging	Breast MRI with Compute	October 2017	06			ACR	1.45	CMS High Expenditure	June 2017	XXX	1.45	NA	5.09	0.09	270	FALSE			FALSE		June 2017	14		TRUE	Decrease
77047	Magnetic resonance imaging	Breast MRI with Compute	October 2017	06			ACR	1.60	CMS High Expenditure	June 2017	XXX	1.6	NA	5.17	0.10	3146	FALSE			FALSE		June 2017	14		TRUE	Decrease
77048	Magnetic resonance imaging	Breast MRI with Compute	October 2017	06			ACR	2.10	CMS High Expenditure	June 2017	XXX	2.1	NA	8.29	0.15	980	FALSE			FALSE		June 2017	14		TRUE	Increase
77049	Magnetic resonance imaging	Breast MRI with Compute	October 2017	06			ACR	2.30	CMS High Expenditure	June 2017	XXX	2.3	NA	8.30	0.16	99387	FALSE			FALSE		June 2017	14		TRUE	Increase
77051	Computer-aided detection (c	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000 / Final Rule for 2015								FALSE			FALSE		October 2015	38	Complete	TRUE	Deleted from CPT
77052	Computer-aided detection (c	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	Low Value-High Volum	October 2010							FALSE			FALSE		October 2015	38	Complete	TRUE	Deleted from CPT
77055	Mammography; unilateral	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilizatior	January 2014							FALSE			TRUE	In the NPRM for	October 2015	38	Complete	TRUE	Deleted from CPT
77056	Mammography; bilateral	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilizatior	January 2014							FALSE			TRUE	In the NPRM for	October 2015	38	Complete	TRUE	Deleted from CPT
77057	Screening mammography, bi	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilizatior	January 2014							FALSE			TRUE	In the NPRM for	October 2015	38	Complete	TRUE	Deleted from CPT
77058	Magnetic resonance imaging	Breast MRI with Compute	October 2017	06			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			TRUE	In preparation t	June 2017	14	yes	TRUE	Deleted from CPT
77059	Magnetic resonance imaging	Breast MRI with Compute	October 2017	06			ACR	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			TRUE	In preparation t	June 2017	14	yes	TRUE	Deleted from CPT
77065	Diagnostic mammography, ir	Mammography-Compute	January 2016	20			ACR	0.81	Final Rule for 2015	October 2015	XXX	0.81	NA	2.90	0.05	714474	FALSE			FALSE		October 2015	38	Complete	TRUE	Increase
77066	Diagnostic mammography, ir	Mammography-Compute	January 2016	20			ACR	1.00	Final Rule for 2015	October 2015	XXX	1	NA	3.69	0.05	560729	FALSE			FALSE		October 2015	38	Complete	TRUE	Increase
77067	Screening mammography, bi	Mammography-Compute	January 2016	20			ACR	0.76	Final Rule for 2015	October 2015	XXX	0.76	NA	3.04	0.05	5691064	FALSE			FALSE		October 2015	38	Complete	TRUE	Maintain
77073	Bone length studies (orthorc	X-Ray Exam - Bone	April 2018	25			AAOS, ACI	0.26	CMS-Other - Utilizatior	October 2017	XXX	0.26	NA	1.06	0.03	57264	FALSE			FALSE						TRUE	Decrease
77074	Radiologic examination, osse	X-Ray Exam - Bone	April 2018	25			ACR	0.44	CMS-Other - Utilizatior	October 2017	XXX	0.44	NA	1.48	0.03	3132	FALSE			FALSE						TRUE	Decrease
77075	Radiologic examination, osse	X-Ray Exam - Bone	April 2018	25			ACR	0.55	CMS-Other - Utilizatior	October 2017	XXX	0.55	NA	2.39	0.06	32611	FALSE			FALSE						TRUE	Increase
77076	Radiologic examination, osse	X-Ray Exam - Bone	April 2018	25			ACR	0.70	CMS-Other - Utilizatior	October 2017	XXX	0.7	NA	2.47	0.06	19	FALSE			FALSE						TRUE	Maintain
77077	Joint survey, single view, 2 o	X-Ray Exam - Bone	April 2018	25			ACR	0.33	CMS-Other - Utilizatior	October 2017	XXX	0.33	NA	1.05	0.03	35153	FALSE			FALSE						TRUE	Increase
77079	Computed tomography, bon	CT Bone Density Study	February 2010	31			ACR, AAFF	Deleted from CPT	Different Performing S	October 2009							FALSE			TRUE	The Workgroup	October 2010	22	Complete	TRUE	Deleted from CPT
77080	Dual-energy x-ray absorptior	Dual Energy X-Ray	October 2013	07			AACE, ACI	0.20	CMS Request - Final Ru	September 2011	XXX	0.2	NA	0.92	0.02	2615040	FALSE			TRUE	In Oct 2012, the	May 2013		Complete	TRUE	Maintain
77081	Dual-energy x-ray absorptior	Dual-energy X-Ray Absorp	January 2018	25				0.20	Negative IWPUT	April 2017	XXX	0.2	NA	0.72	0.02	52608	FALSE			FALSE						TRUE	Decrease
77082	Dual-energy X-ray absorptior	Dual Energy X-Ray	October 2013	07			AACE, ACI	Deleted from CPT	CMS Request - Final Ru	September 2011							FALSE			TRUE	In Oct 2012, the	May 2013		Complete	TRUE	Deleted from CPT
77083	Radiographic absorptiometry	Radiographic Absorptiom	February 2010	31			ACR, ACP	Deleted from CPT	Different Performing S	October 2009							FALSE			TRUE	The Workgroup	October 2010	22	Complete	TRUE	Deleted from CPT
77085	Dual-energy x-ray absorptior	Dual Energy X-Ray	October 2013	07			AACE, ACI	0.30	Codes Reported Togetl	75% or More-Pa	XXX	0.3	NA	1.23	0.02	101080	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
77086	Vertebral fracture assessmer	Dual Energy X-Ray	October 2013	07			AACE, ACI	0.17	Codes Reported Togetl	75% or More-Pa	XXX	0.17	NA	0.80	0.02	1954	FALSE			FALSE		May 2013		Complete	TRUE	Maintain
77261	Therapeutic radiology treatn	Radiation Therapy Planni	April 2016	37			ASTRO	1.30	CMS High Expenditure	July 2015	XXX	1.3	0.72	0.72	0.08	8395	FALSE			FALSE						TRUE	Decrease
77262	Therapeutic radiology treatn	Radiation Therapy Planni	April 2016	37			ASTRO	2.00	CMS High Expenditure	July 2015	XXX	2	1.07	1.07	0.14	2895	FALSE			FALSE						TRUE	Decrease
77263	Therapeutic radiology treatn	Radiation Therapy Planni	April 2016	37			ASTRO	3.14	CMS High Expenditure	July 2015	XXX	3.14	1.63	1.63	0.25	283609	FALSE			FALSE						TRUE	Maintain
77280	Therapeutic radiology simul	Set Radiation Therapy Fie	January 2013	14			ASTRO	0.70	Harvard Valued - Utiliz	April 2011	XXX	0.7	NA	7.32	0.05	371120	FALSE			TRUE	ASTRO reviewed	October 2012	22	Complete	TRUE	Maintain
77285	Therapeutic radiology simul	Respiratory Motion Mana	January 2013	14			ASTRO	1.05	Harvard Valued - Utiliz	September 2011	XXX	1.05	NA	12.10	0.06	4932	FALSE			TRUE	ASTRO reviewed	October 2012	22	Complete	TRUE	Maintain
77290	Therapeutic radiology simul	Respiratory Motion Mana	January 2013	14			ASTRO	1.56	MPC List / Harvard Val	October 2010	XXX	1.56	NA	11.89	0.09	183127	FALSE			TRUE	ASTRO reviewed	October 2012	22	Complete	TRUE	Maintain
77293	Respiratory motion manager	Respiratory Motion Mana	January 2013	14			ASTRO	2.00	Harvard Valued - Utilization over 30,000		ZZZ	2	NA	10.24	0.12	32996	FALSE			FALSE		October 2012	22	Complete	TRUE	Decrease
77295	3-dimensional radiotherapy	Surface Radionuclide Higl	January 2013	14			ASTRO	4.29	Harvard Valued - Utiliz	September 2011	XXX	4.29	NA	9.75	0.25	121922	FALSE			TRUE	ASTRO reviewed	October 2012, Octo	22, 28	Complete	TRUE	Decrease
77300	Basic radiation dosimetry cal	Surface Radionuclide Higl	April 2014	20			ASTRO	0.62	MPC List / Codes Repo	October 2010	XXX	0.62	NA	1.30	0.05	1190989	FALSE			TRUE	On 8-21-12, the	February 2014, Oct	44, 28	complete	TRUE	Maintain
77301	Intensity modulated radioth	IMRT - PE Only	April 2013	28			ASTRO	New PE Inputs. 7.99. C	CMS Fastest Growing /	October 2008	XXX	7.99	NA	46.30	0.65	155356	TRUE	Nov 2009	Yes	FALSE						TRUE	Maintain
77305	Teletherapy, isodose plan (w	Isodose Calculation with I	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Togetl	October 2010							FALSE			TRUE	On 8-21-12, the	February 2014	44	Complete	TRUE	Deleted from CPT
77306	Teletherapy isodose plan; sir	Isodose Calculation with I	April 2014	20				1.40	Codes Reported Togetl	October 2010	XXX	1.4	NA	2.93	0.08	1211	FALSE			FALSE						TRUE	Decrease
77307	Teletherapy isodose plan; co	Isodose Calculation with I	April 2014	20				2.90	Codes Reported Togetl	October 2010	XXX	2.9	NA	5.48	0.16	30833	FALSE			FALSE						TRUE	Decrease
77310	Teletherapy, isodose plan (w	Isodose Calculation with I	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Togetl	October 2010							FALSE			TRUE	On 8-21-12, the	February 2014	44	Complete	TRUE	Deleted from CPT
77315	Teletherapy, isodose plan (w	Isodose Calculation with I	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Togetl	October 2010							FALSE			TRUE	On 8-21-12, the	February 2014	44	Complete	TRUE	Deleted from CPT
77316	Brachytherapy isodose plan;	Isodose Calculation with I	April 2014	20				1.50	Codes Reported Togetl	October 2012	XXX	1.4	NA	5.80	0.10	4167	FALSE			FALSE						TRUE	Decrease
77317	Brachytherapy isodose plan;	Isodose Calculation with I	April 2014	20				1.83	Codes Reported Togetl	October 2012	XXX	1.83	NA	7.63	0.14	2168	FALSE			FALSE						TRUE	Decrease
77318	Brachytherapy isodose plan;	Isodose Calculation with I	October 2015	21				2.90	Codes Reported Togetl	October 2012	XXX	2.9	NA	10.53	0.20	4713	FALSE			TRUE	On 8-21-12, the	February 2014	44	Complete	TRUE	Decrease
77326	Brachytherapy isodose plan;	Isodose Calculation with I	April 2014	20				Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	On 8-21-12, the	February 2014	44	Complete	TRUE	Deleted from CPT
77327	Brachytherapy isodose plan;	Isodose Calculation with I	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Togetl	October 2010							FALSE			TRUE	On 8-21-12, the	February 2014	44	Complete	TRUE	Deleted from CPT
77328	Brachytherapy isodose plan;	Isodose Calculation with I	April 2014	20				Deleted from CPT	Codes Reported Togetl	October 2012							FALSE			TRUE	On 8-21-12, the	February 2014	44	Complete	TRUE	Deleted from CPT
77332	Treatment devices, design ar	RAW	January 2016	40		RUC	ASTRO	0.54	CMS High Expenditure	April 2015	XXX	0.45	NA	0.66	0.03	62457	FALSE			FALSE						TRUE	Maintain
77333	Treatment devices, design ar	RAW	January 2016	40		RUC	ASTRO	0.84	CMS High Expenditure	April 2015	XXX	0.75	NA	3.32	0.05	10502	FALSE			FALSE						TRUE	Maintain
77334	Treatment devices, design and construction; complex (	January 2016	40		RUC	ASTRO	1.24	MPC List / RUC reques	October 2010	XXX	1.15	NA	2.53	0.05	751878	FALSE			FALSE						TRUE	Maintain
77336	Continuing medical physics c	Continuing Medical Physi	April 2013	31			ASTRO	New PE Inputs	CMS Request - Final Ru	October 2012	XXX	0	NA	2.50	0.08	363375	FALSE			FALSE						TRUE	PE Only
77338	Multi-leaf collimator (mlc) de	IMRT - PE Only	April 2013	28				New PE Inputs	Services with Stand-Al	October 2012	XXX	4.29	NA	9.31	0.26	173297	FALSE			FALSE						TRUE	PE Only
77371	Radiation treatment delivery	Radiation Treatment Deli	April 2009	30			ASTRO	New PE inputs	CMS Request - Practice	NA	XXX	0	0.00	0.00	0.00	109	FALSE			FALSE						TRUE	PE Only
77372	Radiation treatment delivery	Radiation Treatment Deli	October 2013	18				New PE Inputs	Services with Stand-Al	October 2012	XXX	0	NA	28.75	0.19	726	FALSE			FALSE						TRUE	PE Only
77373	Stereotactic body radiation t	Radiation Treatment Deli	October 2013	18			ACR, ASTR	New PE inputs	Services with Stand-Al	July 2012	XXX	0	NA	29.84	0.23	36453	FALSE			FALSE						TRUE	PE Only
77385	Intensity modulated radiatio	Radiation Treatment Deli	January 2014	14			ACRO, AS1	PE Only, revised introd	Services with Stand-Al	January 2014	XXX	0	0.00	0.00	0.00		FALSE			FALSE		October 2013	28	Complete	TRUE	PE Only
77386	Intensity modulated radiatio	Radiation Treatment Deli	January 2014	14			ACRO, AS1	PE Only, revised introd	Services with Stand-Al	January 2014	XXX	0	0.00	0.00	0.00		FALSE			FALSE		October 2013	28	Complete	TRUE	PE Only
77387	Guidance for localization of t	Radiation Treatment Deli	January 2014	14			ACRO, AS1	0.58	Services with Stand-Al	January 2014	XXX	0	0.00	0.00	0.00		FALSE			FALSE		October 2013	28	Complete	TRUE	Decrease
77401	Radiation treatment delivery	Radiation Treatement Del	January 2020	31				New PE Inputs	High Volume Growth5	October 2018	XXX	0	NA	1.22	0.01	237180	FALSE			TRUE	In October 2018	May 2019	08	Withdrawn a	TRUE	PE Only
77402	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AS1	PE Only, revised introd	Services with Stand-Al	October 2012	XXX	0	0.00	0.00	0.00		FALSE			TRUE	At the April 201:	October 2013 and F	28 & 4	Complete	TRUE	PE Only
77403	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AS1	Deleted from CPT	Services with Stand-Al	October 2012							FALSE			TRUE	At the April 201:	October 2013	28	Complete	TRUE	Deleted from CPT
77404	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AS1	Deleted from CPT	Services with Stand-Al	October 2012							FALSE			TRUE	At the April 201:	October 2013	28	Complete	TRUE	Deleted from CPT
77406	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AS1	Deleted from CPT	Services with Stand-Al	October 2012							FALSE			TRUE	At the April 201:	October 2013	28	Complete	TRUE	Deleted from CPT
77407	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AS1	PE Only, revised introd	Services with Stand-Al	October 2012	XXX	0	0.00	0.00	0.00		FALSE			TRUE	At the April 201:	October 2013	28	Complete	TRUE	PE Only
77408	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AS1	Deleted from CPT	Services with Stand-Al	October 2012							FALSE			TRUE	At the April 201:	October 2013	28	Complete	TRUE	Deleted from CPT
77409	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AS1	Deleted from CPT	Services with Stand-Al	October 2012							FALSE			TRUE	At the April 201:	October 2013	28	Complete	TRUE	Deleted from CPT
77411	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AS1	Deleted from CPT	Services with Stand-Al	October 2012							FALSE			TRUE	At the April 201:	October 2013	28	Complete	TRUE	Deleted from CPT

77412	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AST	PE Only, revised introd	Services with Stand-Alo	October 2012	XXX	0	0.00	0.00	0.00		FALSE			TRUE	At the April 2013	October 2013	28	Complete	TRUE	PE Only
77413	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AST	Deleted from CPT	Services with Stand-Alo	October 2012							FALSE			TRUE	At the April 2013	October 2013	28	Complete	TRUE	Deleted from CPT
77414	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AST	Deleted from CPT	Services with Stand-Alo	October 2012							FALSE			TRUE	At the April 2013	October 2013	28	Complete	TRUE	Deleted from CPT
77416	Radiation treatment delivery	Radiation Treatment Deli	January 2014	14			ACRO, AST	Deleted from CPT	Services with Stand-Alo	October 2012							FALSE			TRUE	At the April 2013	October 2013	28	Complete	TRUE	Deleted from CPT
77418	Intensity modulated treatme	Radiation Treatment Deli	January 2014	14			ACRO, AST	Deleted from CPT	CMS Fastest Growing /	October 2008							TRUE	Nov 2009 ar	Yes	TRUE		October 2013	28	Complete	TRUE	Deleted from CPT
77421	Stereoscopic X-ray guidance	Radiation Treatment Deli	January 2014	14			ACRO, AST	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	In Jan 2012, the	October 2013	28	Complete	TRUE	Deleted from CPT
77422	High energy neutron radiatic	High Energy Neutron Rad	April 2015	35		RUC	AAOS, ASF	Contractor Price	CMS Request - Final Ru	November 2014							FALSE			FALSE					TRUE	Deleted from CPT
77423	High energy neutron radiatic	High Energy Neutron Rad	April 2015	35		RUC	AAOS, ASF	Contractor Price	CMS Request - Final Ru	November 2014	XXX	0	0.00	0.00	0.00		FALSE			FALSE					TRUE	Maintain
77427	Radiation treatment manage	Radiation Treatment Mar	January 2016	54			ASTRO	3.45. Remove from hig	Site of Service Anomal	September 2007	XXX	3.37	2.06	2.06	0.26	939960	FALSE			TRUE	In October 2008	June 2009	21	Complete	TRUE	Decrease
77435	Stereotactic body radiation t	RAW	January 2017	30				Remove from screen	High Volume Growth4	October 2016	XXX	11.87	6.31	6.31	0.91	40892	FALSE			FALSE					TRUE	Remove from Screen
77470	Special treatment procedure	Special Radiation Treatme	January 2016	41			ASTRO	2.03	CMS High Expenditure	July 2015	XXX	2.03	NA	2.00	0.12	83022	FALSE			FALSE					TRUE	Decrease
77520	Proton treatment delivery; s	Proton Beam Treatment I	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High	October 2018	XXX	0	0.00	0.00	0.00	153	FALSE			FALSE					TRUE	PE Only
77522	Proton treatment delivery; s	Proton Beam Treatment I	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High	January 2018	XXX	0	0.00	0.00	0.00	10249	FALSE			FALSE					TRUE	PE Only
77523	Proton treatment delivery; ii	Proton Beam Treatment I	April 2019	19			ASTRO	New PE Inputs	High Volume Growth4	October 2016	XXX	0	0.00	0.00	0.00	70873	FALSE			FALSE					TRUE	PE Only
77525	Proton treatment delivery; c	Proton Beam Treatment I	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High	October 2018	XXX	0	0.00	0.00	0.00	12383	FALSE			FALSE					TRUE	PE Only
77600	Hyperthermia, externally ger	Hyperthermia - PE Only	April 2013	30				New PE Inputs	Services with Stand-Alo	October 2012	XXX	1.31	NA	14.41	0.12	9027	FALSE			FALSE					TRUE	PE Only
77767	Remote afterloading high do	Surface Radionuclide Higl	January 2015	16			ASTRO, AC	1.05	Codes Reported Togetl	October 2014	XXX	1.05	NA	6.31	0.08	4110	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77768	Remote afterloading high do	Surface Radionuclide Higl	January 2015	16			ASTRO, AC	1.40	Codes Reported Togetl	October 2014	XXX	1.4	NA	9.34	0.13	6054	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77770	Remote afterloading high do	Surface Radionuclide Higl	January 2015	16			ASTRO, AC	1.95	Codes Reported Togetl	October 2014	XXX	1.95	NA	8.27	0.12	15268	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77771	Remote afterloading high do	Surface Radionuclide Higl	January 2015	16			ASTRO, AC	3.80	Codes Reported Togetl	October 2014	XXX	3.8	NA	13.90	0.27	12435	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77772	Remote afterloading high do	Surface Radionuclide Higl	January 2015	16			ASTRO, AC	5.40	Codes Reported Togetl	October 2014	XXX	5.4	NA	20.96	0.39	3720	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77776	Interstitial radiation source a	Interstitial Radiation Sour	April 2015	17			ACR, ASTR	Deleted from CPT	Codes Reported Togetl	February 2015							FALSE			FALSE		February 2015	35	Complete	TRUE	Deleted from CPT
77777	Interstitial radiation source a	Interstitial Radiation Sour	April 2015	17			ACR, ASTR	Deleted from CPT	Codes Reported Togetl	February 2015							FALSE			FALSE		February 2015	35	Complete	TRUE	Deleted from CPT
77778	Interstitial radiation source a	Interstitial Radiation Sour	October 2015	21			ACR, ASTR	8.78	Codes Reported Togetl	October 2012	000	8.78	NA	17.94	0.53	3532	FALSE			TRUE	The Joint Workg	February 2015	35	Complete	TRUE	Decrease
77781	Deleted from CPT	Brachytherapy	October 2008	26			ASTRO	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	Deleted from CP	February 2008	36	Code Delete	TRUE	Deleted from CPT
77782	Deleted from CPT	Brachytherapy	February 2008	S			ASTRO	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	Deleted from CP	February 2008	36	Code Delete	TRUE	Deleted from CPT
77784	Deleted from CPT	Brachytherapy	February 2008	S			ASTRO	Deleted from CPT	CMS Fastest Growing	February 2008							FALSE			TRUE	Deleted from CP	February 2008	36	Code Delete	TRUE	Deleted from CPT
77785	Remote afterloading high do	Surface Radionuclide Higl	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alon								FALSE			TRUE	In October 2012	October 2014	28/29	Complete	TRUE	Deleted from CPT
77786	Remote afterloading high do	Surface Radionuclide Higl	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alon								FALSE			TRUE	In October 2012	October 2014	28/29	Complete	TRUE	Deleted from CPT
77787	Remote afterloading high do	Surface Radionuclide Higl	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1	October 2012							FALSE			TRUE	In October 2012	October 2014	28/29	Complete	TRUE	Deleted from CPT
77790	Supervision, handling, loadir	Interstitial Radiation Sour	October 2015	21			ACR, ASTR	0.00	Codes Reported Togetl	October 2012	XXX	0	NA	0.50	0.02	32	FALSE			TRUE	The Joint Workg	February 2015	35	Complete	TRUE	Decrease
78000	Thyroid uptake; single deter	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	Deleted from CPT	Harvard Valued - Utilization over 30,000								FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Deleted from CPT
78001	Thyroid uptake; multiple det	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	Deleted from CPT	Harvard Valued - Utilization over 30,000								FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Deleted from CPT
78003	Thyroid uptake; stimulation,	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	Deleted from CPT	Harvard Valued - Utilization over 30,000								FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Deleted from CPT
78006	Thyroid imaging, with uptak	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	Deleted from CPT	Harvard Valued - Utilization over 30,000								FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Deleted from CPT
78007	Thyroid imaging, with uptak	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	Deleted from CPT	Harvard Valued - Utiliz	April 2011							FALSE			TRUE	Specialty reques	February 2012	13	Complete	TRUE	Deleted from CPT
78010	Thyroid imaging; only	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	Deleted from CPT	Harvard Valued - Utilization over 30,000								FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Deleted from CPT
78011	Thyroid imaging; with vascul	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	Deleted from CPT	Harvard Valued - Utilization over 30,000								FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Deleted from CPT
78012	Thyroid uptake, single or mu	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	0.19	Harvard Valued - Utilization over 30,000		XXX	0.19	NA	2.18	0.05	975	FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Decrease
78013	Thyroid imaging (including v	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	0.37	Harvard Valued - Utilization over 30,000		XXX	0.37	NA	4.91	0.06	870	FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Decrease
78014	Thyroid imaging (including v	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNI	0.50	Harvard Valued - Utilization over 30,000		XXX	0.5	NA	6.10	0.06	12722	FALSE			TRUE	Identified with 7	February 2012	13	Complete	TRUE	Decrease
78070	Parathyroid planar imaging (	Parathyroid Imaging	January 2016	54			ACR, ACNI	0.80	Harvard Valued - Utiliz	April 2011	XXX	0.8	NA	7.31	0.08	9919	TRUE	Dec 2016	yes	FALSE					TRUE	Maintain
78071	Parathyroid planar imaging (	Parathyroid Imaging	January 2016	54			ACR, ACNI	1.20	Harvard Valued - Utiliz	April 2011	XXX	1.2	NA	8.48	0.10	6665	TRUE	Dec 2016	yes	FALSE					TRUE	Maintain
78072	Parathyroid planar imaging (	Parathyroid Imaging	January 2016	54			ACR, ACNI	1.60	Harvard Valued - Utiliz	April 2011	XXX	1.6	NA	10.49	0.10	11357	TRUE	Dec 2016	yes	FALSE					TRUE	Maintain
78223	Hepatobiliary ductal system	Hepatobiliary Ductal Syst	February 2011	12			ACR, SNM	Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			TRUE	The specialties v	October 2010	21	Complete	TRUE	Deleted from CPT
78226	Hepatobiliary system imagin	Hepatobiliary System Ima	February 2011	12			ACR, SNM	0.74	Harvard Valued - Utilization over 100,000		XXX	0.74	NA	8.25	0.08	51132	FALSE			FALSE					TRUE	Decrease
78227	Hepatobiliary system imagin	Hepatobiliary System Ima	February 2011	12			ACR, SNM	0.90	Harvard Valued - Utilization over 100,000		XXX	0.9	NA	11.18	0.11	44564	FALSE			FALSE					TRUE	Decrease
78278	Acute gastrointestinal blood	Acute GI Blood Loss Imag	September 2011	34			ACR, SNM	0.99	Harvard Valued - Utiliz	April 2011	XXX	0.99	NA	8.65	0.08	19163	FALSE			FALSE					TRUE	Maintain
78300	Bone and/or joint imaging; li	Bone Imaging	April 2016	38			ACNM, AC	0.62	CMS High Expenditure	July 2015	XXX	0.62	NA	5.65	0.08	4626	FALSE			FALSE					TRUE	Maintain
78305	Bone and/or joint imaging; r	Bone Imaging	April 2016	38			ACNM, AC	0.83	CMS High Expenditure	July 2015	XXX	0.83	NA	6.81	0.08	772	FALSE			FALSE					TRUE	Maintain
78306	Bone and/or joint imaging; v	Bone Imaging	April 2016	38			ACNM, AC	0.86	CMS High Expenditure	July 2015	XXX	0.86	NA	7.31	0.08	224828	FALSE			FALSE					TRUE	Maintain
78429	Myocardial imaging, positror	Myocardial PET	January 2019	13			ACC, ACR,	1.76	High Volume Growth4	May 2018	XXX	0	NA	0.00	0.00	972	FALSE			FALSE					TRUE	Increase
78430	Myocardial imaging, positror	Myocardial PET	January 2019	13			ACC, ACR,	1.67	High Volume Growth4	May 2018	XXX	0	NA	0.00	0.00	443	FALSE			FALSE					TRUE	Increase
78431	Myocardial imaging, positror	Myocardial PET	January 2019	13			ACC, ACR,	1.90	High Volume Growth4	May 2018	XXX	0	NA	0.00	0.00	57480	FALSE			FALSE					TRUE	Increase
78432	Myocardial imaging, positror	Myocardial PET	January 2019	13			ACC, ACR,	2.07	High Volume Growth4	May 2018	XXX	0	NA	0.00	0.00	51	FALSE			FALSE					TRUE	Increase
78433	Myocardial imaging, positror	Myocardial PET	January 2019	13			ACC, ACR,	2.26	High Volume Growth4	May 2018	XXX	0	NA	0.00	0.00	1321	FALSE			FALSE					TRUE	Increase
78434	Absolute quantitation of my	Myocardial PET	January 2019	13			ACC, ACR,	0.63	High Volume Growth4	May 2018	ZZZ	0	NA	0.00	0.00	53560	FALSE			FALSE					TRUE	Increase
78451	Myocardial perfusion imagin	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	1.40	Codes Reported Togetl	NA	XXX	1.38	NA	7.99	0.08	26101	FALSE			FALSE					TRUE	Increase
78452	Myocardial perfusion imagin	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	1.75	Codes Reported Togetl	NA	XXX	1.62	NA	11.36	0.13	1436710	FALSE			FALSE					TRUE	Decrease
78453	Myocardial perfusion imagin	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	1.00	Codes Reported Togetl	NA	XXX	1	NA	7.08	0.08	1261	FALSE			FALSE					TRUE	Decrease
78454	Myocardial perfusion imagin	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	1.34	Codes Reported Togetl	NA	XXX	1.34	NA	10.69	0.14	6679	FALSE			FALSE					TRUE	Decrease
78459	Myocardial imaging, positror	Myocardial PET	January 2019	13			ACC, ACR,	1.61	High Volume Growth4	May 2018	XXX	0	NA	0.00	0.00	795	FALSE			FALSE					TRUE	Increase
78460	Deleted from CPT	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 2008	23		TRUE	Deleted from CPT
78461	Deleted from CPT	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 2008	23		TRUE	Deleted from CPT
78464	Deleted from CPT	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 2008	23		TRUE	Deleted from CPT
78465	Deleted from CPT	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2008	23	Code Delete	TRUE	Deleted from CPT
78472	Cardiac blood pool imaging,	Cardiac Blood Pool Imagi	September 2011	35			ACC, ACR,	0.98	Harvard Valued - Utiliz	April 2011	XXX	0.98	NA	5.31	0.08	12036	FALSE			FALSE					TRUE	Maintain
78478	Deleted from CPT	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2008	23	Code Delete	TRUE	Deleted from CPT
78480	Deleted from CPT	Myocardial Perfusion Ima	February 2009	16			SNM, ACR	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2008	23	Code Delete	TRUE	Deleted from CPT
78491	Myocardial imaging, positror	Myocardial PET	January 2019	13			ACC, ACR,	1.56	High Volume Growth4	May 2018	XXX	0	NA	0.00	0.00	455	FALSE			FALSE					TRUE	Increase
78492	Myocardial imaging, positror	Myocardial PET	January 2019	13			ACC, ACR,	1.80	High Volume Growth4	October 2016	XXX	0	NA	0.00	0.00	135259	FALSE			TRUE	This service was	May 2018	28	Yes	TRUE	Increase
78579	Pulmonary ventilation imagi	Pulmonary Imaging	February 2011	13			ACR, SNM	0.49	Harvard Valued - Utiliz	February 2010	XXX	0.49	NA	4.73	0.06	248	FALSE			TRUE		October 2010	23	Complete	TRUE	Decrease
78580	Pulmonary perfusion imagin	Pulmonary Imaging	September 2022	13	April 2024	RAW	SNM, ACR	Review action plan. 0.7	Harvard Valued - Utiliz	February 2010	XXX	0.74	NA	5.80	0.08	80607	FALSE			TRUE	The specialties r	October 2010	23	complete	FALSE	Maintain
78582	Pulmonary ventilation (eg, a	Pulmonary Imaging	February 2011	13			ACR, SNM	1.07	Harvard Valued - Utiliz	February 2010	XXX	1.07	NA	8.11	0.08	47160	FALSE			TRUE		October 2010	23	Complete	TRUE	Decrease
78584	Pulmonary perfusion imagin	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78585	Pulmonary perfusion imagin	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78586	Pulmonary ventilation imagi	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78587	Deleted from CPT	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78588	Deleted from CPT	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78591	Deleted from CPT	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78593	Deleted from CPT	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78594	Deleted from CPT	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78596	Deleted from CPT	Pulmonary Perfusion Ima	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE			TRUE	The specialties r	October 2010	23	Code Delete	TRUE	Deleted from CPT
78597	Quantitative differential pulr	Pulmonary Imaging	February 2011	13			ACR, SNM	0.75	Harvard Valued - Utiliz	February 2010	XXX	0.75	NA	4.80	0.08	2480	FALSE			FALSE		October 2010	23		TRUE	Decrease
78598	Quantitative differential pulr	Pulmonary Imaging	February 2011	13			ACR, SNM	0.85	Harvard Valued - Utiliz	February 2010	XXX	0.85	NA	7.51	0.08	1174	FALSE			TRUE		October 2010	23	Complete	TRUE	Decrease
78803	Radiopharmaceutical localiza	RAW	January 2019	14			ACR, ACNI	1.20	Harvard Valued - Utiliz	January 2016	XXX	1.09	NA	9.46	0.08	37154	TRUE	Dec 2016	yes	FALSE					TRUE	Increase
78815	Positron emission tomography (pet) with concurrently		February 2011	41			ACR, SNM	Reaffirmed RUC recom	MPC List	October 2010	XXX	0	NA	0.00	0.00	592418	FALSE			FALSE					TRUE	Maintain
79101	Radiopharmaceutical therap	Radiopharmaceutical The	February 2010	31			SNM, ACR	Article published Feb 2	Different Performing S	October 2009	XXX	1.96	NA	2.33	0.09	9889	TRUE	Feb 2012	Yes	FALSE					TRUE	Maintain
80500	Clinical pathology consultati	Pathology Clinical Consult	January 2021	20			CAP	Deleted from CPT	CMS-Other - Utilizatior	January 2019	XXX					16592	FALSE			TRUE	In October 2018	October 2020	50	complete	TRUE	Deleted from CPT
80502	Clinical pathology consultati	Pathology Clinical Consult	January 2021	20			CAP	Deleted from CPT	CMS-Other - Utilizatior	January 2021	XXX					10332	FALSE			FALSE		October 2020	50	complete	TRUE	Deleted from CPT
80503	Pathology clinical consultatic	Pathology Clinical Consult	January 2021	20			CAP	0.50	CMS-Other - Utilizatior	January 2021	XXX	0.43	0.20	0.35	0.02		FALSE			FALSE		October 2020	50	complete	TRUE	Decrease
80504	Pathology clinical consultatic	Pathology Clinical Consult	January 2021	20			CAP	0.91	CMS-Other - Utilizatior	January 2021	XXX	0.91	0.45	0.62	0.04		FALSE			FALSE		October 2020	50	complete	TRUE	Decrease
80505	Pathology clinical consultatic	Pathology Clinical Consult	January 2021	20			CAP	1.80	CMS-Other - Utilizatior	January 2021	XXX	1.71	0.85	1.03	0.10		FALSE			FALSE		October 2020	50	complete	TRUE	Decrease

80506	Pathology clinical consultatic	Pathology Clinical Consult	January 2021	20			CAP	0.80	CMS-Other - Utilizatior	January 2021	ZZZ	0.8	NA	0.43	0.04		FALSE		FALSE		October 2020	50	complete	TRUE	Decrease							
85060	Blood smear, peripheral, int	Blood Smear Interpretatic	April 2017	30			CAP	0.45	CMS-Other - Utilizatior	April 2016	XXX	0.45	0.22	NA	0.04	181850	FALSE		FALSE					TRUE	Maintain							
85097	Bone marrow, smear interpr	Bone Marrow Interpretat	April 2017	31			CAP	1.00	CMS-Other - Utilizatior	April 2016	XXX	0.94	0.43	1.06	0.04	133378	FALSE		FALSE					TRUE	Increase							
85390	Fibrinolysins or coagulopath	Fibrinolysins Screen	January 2018	26				0.75	Negative IWPUT	April 2017	XXX	0	0.00	0.00	0.00	34629	FALSE		FALSE					TRUE	Increase							
88104	Cytopathology, fluids, washi	Cytopathology	April 2015	36			AUR, ASC,	New PE Inputs. 0.56	Harvard Valued - Utiliz	October 2009	XXX	0.56	NA	1.47	0.03	47598	FALSE		FALSE					TRUE	Maintain							
88106	Cytopathology, fluids, washi	Cytopathology	April 2015	36			AUR, ASC,	New PE Inputs. 0.56	Harvard Valued - Utiliz	February 2010	XXX	0.37	NA	1.69	0.02	2306	FALSE		FALSE					TRUE	Maintain							
88107	Deleted from CPT	Cytopathology	October 2010	17			AUR, ASC,	Deleted from CPT	Harvard Valued - Utiliz	February 2010							FALSE		TRUE	This service was	October 2010	30	Complete	TRUE	Deleted from CPT							
88108	Cytopathology, concentratio	Cytopathology Concentra	April 2015	36	RUC		ACR, CAP	New PE Inputs. 0.56	Harvard Valued - Utiliz	February 2010	XXX	0.44	NA	1.51	0.02	192453	FALSE		FALSE					TRUE	Maintain							
88112	Cytopathology, selective cell	Cytopathology Concentra	April 2015	36	RUC		ACR, CAP	New PE Inputs. 0.56	CMS High Expenditure	September 2011	XXX	0.56	NA	1.41	0.02	761461	FALSE		FALSE					TRUE	Decrease							
88120	Cytopathology, in situ hybrid	RAW review	October 2017	19				Utilization shift is appr	CMS Request - Final Ru	November 2012	XXX	1.2	NA	16.56	0.06	44750	FALSE		FALSE					TRUE	Maintain							
88121	Cytopathology, in situ hybrid	RAW review	October 2017	19				Utilization shift is appr	CMS Request - Final Ru	November 2012	XXX	1	NA	11.49	0.03	22780	FALSE		FALSE					TRUE	Maintain							
88141	Cytopathology, cervical or va	Cytopathology Cervical/V	April 2018	26			CAP	0.42	CMS-Other - Utilizatior	October 2017	XXX	0.26	0.41	0.41	0.01	46295	FALSE		FALSE					TRUE	Maintain							
88160	Cytopathology, smears, any	Cytopathology Concentra	April 2015	36				New PE Inputs	CMS Request - Final Ru	April 2015	XXX	0.5	NA	1.71	0.03	5607	FALSE		FALSE					TRUE	PE Only							
88161	Cytopathology, smears, any	Cytopathology Concentra	April 2015	36				New PE Inputs	CMS Request - Final Ru	April 2015	XXX	0.5	NA	1.76	0.03	3925	FALSE		FALSE					TRUE	PE Only							
88162	Cytopathology, smears, any	Cytopathology Concentra	April 2015	36				New PE Inputs	CMS Request - Final Ru	April 2015	XXX	0.76	NA	2.75	0.03	1282	FALSE		FALSE					TRUE	PE Only							
88184	Flow cytometry, cell surface,	Flow Cytometry	January 2016				CAP	New PE Inputs. Remov	CMS High Expenditure	July 2015	XXX	0	NA	2.20	0.02	104898	FALSE		FALSE					TRUE	PE Only							
88185	Flow cytometry, cell surface,	Flow Cytometry	January 2016				CAP	New PE Inputs. Remov	CMS High Expenditure	July 2015	ZZZ	0	NA	0.71	0.00	1956734	FALSE		FALSE					TRUE	PE Only							
88187	Flow cytometry, interpretati	Flow Cytometry Interpret	January 2016	42			CAP	0.74	CMS High Expenditure	July 2015	XXX	0.74	0.26	0.26	0.04	40982	FALSE		FALSE					TRUE	Decrease							
88188	Flow cytometry, interpretati	Flow Cytometry Interpret	January 2016	42			CAP	1.40	CMS High Expenditure	July 2015	XXX	1.2	0.56	0.56	0.06	38785	FALSE		FALSE					TRUE	Decrease							
88189	Flow cytometry, interpretati	Flow Cytometry Interpret	January 2016	42			CAP	1.70	CMS High Expenditure	July 2015	XXX	1.7	0.68	0.68	0.08	235162	FALSE		FALSE					TRUE	Decrease							
88300	Level i - surgical pathology, g	Pathology Consultations	January 2012	24			AAD, AGA	0.08 and new PE input	Havard Valued - Utiliza	February 2009	XXX	0.08	NA	0.38	0.02	171872	FALSE		FALSE					TRUE	Maintain							
88302	Level ii - surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA	0.13 and new PE input	Havard Valued - Utiliza	February 2009	XXX	0.13	NA	0.83	0.02	60721	FALSE		FALSE					TRUE	Maintain							
88304	Level iii - surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA	0.22 and new PE input	Havard Valued - Utiliza	October 2008	XXX	0.22	NA	1.03	0.02	810872	FALSE		FALSE					TRUE	Maintain							
88305	Level iv - surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA	0.75 and new PE input	Havard Valued - Utiliza	October 2008	XXX	0.75	NA	1.35	0.02	15994812	FALSE		FALSE					TRUE	Maintain							
88307	Level v - surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA	1.59 and new PE input	Havard Valued - Utiliza	February 2009	XXX	1.59	NA	6.97	0.08	921197	FALSE		FALSE					TRUE	Maintain							
88309	Level vi - surgical pathology,	Pathology Services	January 2012	24			AAD, AGA	2.80 and new PE input	Havard Valued - Utiliza	February 2009	XXX	2.8	NA	10.15	0.08	135868	FALSE		FALSE					TRUE	Maintain							
88312	Special stain including interp	Special Stains	January 2012	33			CAP	0.54	Havard Valued - Utiliza	October 2008	XXX	0.54	NA	2.79	0.02	1221288	FALSE		TRUE	At the February	June 2010	12	Complete	TRUE	Maintain							
88313	Special stain including interp	Special Stains	February 2011	33			CAP	0.24	Havard Valued - Utiliza	October 2008	XXX	0.24	NA	2.18	0.02	1300022	FALSE		TRUE	At the February	June 2010	12	Complete	TRUE	Maintain							
88314	Special stain including interp	Special Stains	February 2011	33			CAP	0.45	Havard Valued - Utiliza	February 2009	XXX	0.45	NA	2.23	0.02	23532	FALSE		TRUE	At the February	June 2010	12	Complete	TRUE	Maintain							
88318	Deleted from CPT	Special Stains	February 2010	22			CAP, AAD	Deleted from CPT	Havard Valued - Utilization over 1 Million								FALSE		TRUE	At the February	June 2010	12	Complete	TRUE	Deleted from CPT							
88319	Special stain including interp	Special Stains	February 2011	33			CAP	0.53	Havard Valued - Utilization over 1 Million		XXX	0.53	NA	3.48	0.03	13606	FALSE		TRUE	At the February	June 2010	12	Complete	TRUE	Maintain							
88321	Consultation and report on r	Microslide Consultation	January 2016	43			CAP, ASC	1.63	CMS High Expenditure	July 2015	XXX	1.63	0.74	1.16	0.08	167407	FALSE		FALSE					TRUE	Maintain							
88323	Consultation and report on r	Microslide Consultation	January 2016	43			CAP, ASC	1.83	CMS High Expenditure	July 2015	XXX	1.83	NA	1.53	0.02	33552	FALSE		FALSE					TRUE	Maintain							
88325	Consultation, comprehensiv	Microslide Consultation	January 2016	43			CAP, ASC	2.85	CMS High Expenditure	July 2015	XXX	2.85	0.95	1.64	0.12	11472	FALSE		FALSE					TRUE	Increase							
88329	Pathology consultation durir	Pathology Consultation D	October 2010	18			CAP	0.67	Harvard Valued - Utiliz	February 2010	XXX	0.67	0.33	0.96	0.04	24809	FALSE		FALSE					TRUE	Maintain							
88331	Pathology consultation durir	Pathology Consultation D	October 2010	18			CAP	1.19	Harvard Valued - Utiliz	October 2009	XXX	1.19	NA	1.81	0.03	363762	FALSE		FALSE					TRUE	Maintain							
88332	Pathology consultation durir	Pathology Consultation D	October 2010	18			CAP	0.59	Harvard Valued - Utiliz	October 2009	XXX	0.59	NA	1.02	0.02	131752	FALSE		FALSE					TRUE	Maintain							
88333	Pathology consultation durir	Pathology Consultation D	April 2016	39			ASC, CAP	1.20	CMS Request - Final Ru	July 2015	XXX	1.2	NA	1.53	0.03	62814	FALSE		FALSE					TRUE	Maintain							
88334	Pathology consultation durir	Pathology Consultation D	April 2016	39			ASC, CAP	0.73	CMS Request - Final Ru	July 2015	ZZZ	0.73	NA	0.93	0.01	29401	FALSE		FALSE					TRUE	Maintain							
88341	Immunohistochemistry or im	Morphometric Analysis In	April 2014	21			CAP	0.65	CMS Request - Final Ru	November 2013	ZZZ	0.56	NA	2.00	0.01	3228472	FALSE		FALSE					TRUE	Decrease							
88342	Immunohistochemistry or im	Morphometric Analysis In	April 2014	21			CAP	0.70	CMS-Other - Utilizatior	April 2011	XXX	0.7	NA	2.26	0.02	2108253	FALSE		TRUE	In Jan 2012, the	May 2012		Complete	TRUE	Decrease							
88343	Immunohistochemistry or im	Morphometric Analysis In	April 2014	21			CAP	Deleted from CPT	CMS Request - Final Ru	November 2013							FALSE		FALSE					TRUE	Deleted from CPT							
88344	Immunohistochemistry or im	Morphometric Analysis In	April 2014	21			CAP	0.77	CMS Request - Final Ru	November 2013	XXX	0.77	NA	4.22	0.02	146075	FALSE		FALSE					TRUE	Decrease							
88346	Immunofluorescence, per sp	Immunofluorescent Studi	January 2015	17			CAP, ASC	0.74	CMS-Other - Utilizatior	April 2013	XXX	0.74	NA	3.77	0.02	57304	FALSE		TRUE	In April 2013, th	October 2014	45	Complete	TRUE	Decrease							
88347	Immunofluorescent study, e	Immunofluorescent Studi	January 2015	17			CAP, ASC	Deleted from CPT	CMS-Other - Utilizatior	October 2013							FALSE		TRUE	In April 2013, th	October 2014	45	Complete	TRUE	Deleted from CPT							
88348	Electron microscopy, diagno	Electron Microscopy-PE C	October 2013	14			CAP	New PE Inputs	Services with Stand-Al	October 2012	XXX	1.51	NA	12.49	0.10	16007	FALSE		FALSE					TRUE	PE Only							
88349	Electron microscopy; scannir	Electron Microscopy-PE C	October 2013	14			CAP	Deleted from CPT	Services with Stand-Al	October 2012							FALSE		TRUE	Refer to CPT to c	Oct 2013		Complete	TRUE	Deleted from CPT							
88350	Immunofluorescence, per sp	Immunofluorescent Studi	January 2015	17			CAP, ASC	0.70	CMS-Other - Utilizatior	October 2014	ZZZ	0.59	NA	2.86	0.02	248542	FALSE		FALSE		October 2014	45	Complete	TRUE	Decrease							
88356	Morphometric analysis; nerv	RAW	April 2014	37			ASCP, CAP	2.80	High Volume Growth2	April 2013	XXX	2.8	NA	4.08	0.06	23286	FALSE		FALSE					TRUE	Decrease							
88360	Morphometric analysis, tum	Tumor Immunohistochem	April 2016	40			ASC, CAP	0.85	CMS High Expenditure	July 2015	XXX	0.85	NA	2.65	0.02	597559	FALSE		FALSE					TRUE	Decrease							
88361	Morphometric analysis, tum	Tumor Immunohistochem	April 2016	40			ASC, CAP	0.95	CMS High Expenditure	July 2015	XXX	0.95	NA	2.55	0.02	155453	FALSE		FALSE					TRUE	Decrease							
88364	In situ hybridization (eg, fish	Morphometric Analysis In	April 2014	21			CAP, ASCP	0.88	CMS Request - Final Ru	November 2013	ZZZ	0.7	NA	3.35	0.02	34725	FALSE		FALSE					TRUE	Decrease							
88365	In situ hybridization (eg, fish	Morphometric Analysis In	April 2014	21			CAP	0.88	CMS Request - Final Ru	September 2011	XXX	0.88	NA	4.47	0.03	55276	TRUE	Dec 2011 &	Yes	TRUE	In April 2013, th	May 2013		Complete	TRUE	Decrease							
88366	In situ hybridization (eg, fish	Morphometric Analysis In	April 2014	21			CAP, ASCP	1.24	CMS Request - Final Ru	May 2013	XXX	1.24	NA	7.03	0.04	2123	FALSE			FALSE		May 2013		Complete	TRUE	Decrease							
88367	Morphometric analysis, in sit	Morphometric Analysis In	September 2014	18			CAP, ASCP	0.86	CMS Request - Final Ru	September 2011	XXX	0.73	NA	2.64	0.02	4250	TRUE	Dec 2011 &	Yes	TRUE	In April 2013, th	May 2013		Complete	TRUE	Decrease							
88368	Morphometric analysis, in sit	Morphometric Analysis In	September 2014	18			CAP, ASCP	0.88	CMS Request - Final Ru	September 2011	XXX	0.88	NA	3.33	0.03	17611	TRUE	Dec 2011 &	Yes	TRUE	In April 2013, th	May 2013		Complete	TRUE	Decrease							
88373	Morphometric analysis, in sit	Morphometric Analysis In	April 2014	21			CAP, ASCP	0.86	CMS Request - Final Ru	November 2013	ZZZ	0.58	NA	1.46	0.00	5541	FALSE			FALSE					TRUE	Decrease							
88374	Morphometric analysis, in sit	Morphometric Analysis In	April 2014	21			CAP, ASCP	1.04	CMS Request - Final Rule for 2014		XXX	0.93	NA	8.09	0.02	137899	FALSE			FALSE					TRUE	Decrease							
88377	Morphometric analysis, in sit	Morphometric Analysis In	October 2020	24			CAP, ASCP	1.40	CMS Request - Final Ru	May 2013	XXX	1.4	NA	10.38	0.03	140599	FALSE			FALSE		May 2013		Complete	TRUE	Decrease							
88381	Microdissection (ie, sample	RAW	September 2022	13	April 2025	RAW	ASC, AP	Review action plan	High Volume Growth8	April 2022	XXX	0.53	NA	5.44	0.05	47358	FALSE			FALSE					FALSE							
90460	Immunization administratior	Immunization Administra	April 2021	19			AAFP, AAF	0.24	CMS Request-Final Rul	July 2020	XXX	0.24	NA	0.41	0.02	179	FALSE			FALSE					TRUE	Increase							
90461	Immunization administratior	Immunization Administra	April 2021	19			AAFP, AAF	0.18	CMS Request-Final Rul	July 2020	ZZZ	0.18	NA	0.11	0.01	27	FALSE			FALSE					TRUE	Increase							
90465	Deleted from CPT	Immunization Administra	February 2008	R			AAP	New PE inputs	CMS Request - Practice	NA							FALSE			FALSE					TRUE	Deleted from CPT							
90467	Deleted from CPT	Immunization Administra	February 2008	R			AAP	New PE inputs	CMS Request - Practice	NA							FALSE			FALSE					TRUE	Deleted from CPT							
90471	Immunization administratior	Immunization Administra	April 2021	19			AAFP, AAF	0.17	CMS Request - Practice	February 2008	XXX	0.17	NA	0.42	0.01	261636	FALSE			FALSE					TRUE	Maintain							
90472	Immunization administratior	Immunization Administra	April 2021	19			AAFP, AAF	0.15	CMS Request - Practice	February 2008	ZZZ	0.15	NA	0.27	0.01	19058	FALSE			FALSE					TRUE	Maintain							
90473	Immunization administratior	Immunization Administra	April 2021	19			AAFP, AAF	0.17	CMS Request - Practice	NA	XXX	0.17	NA	0.31	0.01		FALSE			FALSE					TRUE	Maintain							
90474	Immunization administratior	Immunization Administra	April 2021	19			AAFP, AAF	0.15	CMS Request - Practice	NA	ZZZ	0.15	NA	0.19	0.01		FALSE			FALSE					TRUE	Maintain							
90785	Interactive complexity (list s	Psychotherapy for Crisis a	January 2020	37	September 2023	RAW	APA, APA	Refer to CPT Review in	CMS High Expenditure	April 2013	ZZZ	0.33	0.05	0.10	0.01	346678	FALSE		TRUE	CPT February 20	October 2020	55	Complete	FALSE	Increase							
90791	Psychiatric diagnostic evalua	Psychotherapy	April 2012	26			APA, APA	3.00	CMS High Expenditure	April 2013	XXX	3.84	0.51	1.22	0.10	712884	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90792	Psychiatric diagnostic evalua	Psychotherapy	April 2012	26			APA, APA	3.25	CMS High Expenditure	April 2013	XXX	4.16	0.74	1.46	0.18	514485	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90801	Psychiatric diagnostic intervi	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure	September 2011							FALSE		TRUE	January 2012, th	February 2012	93	Complete	TRUE	Deleted from CPT							
90805	Individual psychotherapy, in	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure	September 2011							FALSE		TRUE	January 2012, th	February 2012	93	Complete	TRUE	Deleted from CPT							
90806	Individual psychotherapy, in	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure	September 2011							FALSE		TRUE	January 2012, th	February 2012	93	Complete	TRUE	Deleted from CPT							
90808	Individual psychotherapy, in	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure	September 2011							FALSE		TRUE	January 2012, th	February 2012	93	Complete	TRUE	Deleted from CPT							
90818	Individual psychotherapy, in	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure	September 2011							FALSE		TRUE	January 2012, th	February 2012	93	Complete	TRUE	Deleted from CPT							
90832	Psychotherapy, 30 minutes v	Psychotherapy	April 2012	26			APA, APA	1.50	CMS High Expenditure	April 2013	XXX	1.7	0.22	0.49	0.04	2184946	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90833	Psychotherapy, 30 minutes v	Psychotherapy	April 2012	26			APA, APA	1.50	CMS High Expenditure	April 2013	ZZZ	1.5	0.27	0.49	0.06	1367087	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90834	Psychotherapy, 45 minutes v	Psychotherapy	April 2012	26			APA, APA	2.00	CMS High Expenditure	April 2013	XXX	2.24	0.30	0.65	0.06	4201662	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90836	Psychotherapy, 45 minutes v	Psychotherapy	April 2012	26			APA, APA	1.90	CMS High Expenditure	April 2013	ZZZ	1.9	0.34	0.62	0.08	454175	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90837	Psychotherapy, 60 minutes v	Psychotherapy	April 2012	26			APA, APA	3.00	CMS High Expenditure	April 2013	XXX	3.31	0.43	0.95	0.08	6075835	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90838	Psychotherapy, 60 minutes v	Psychotherapy	April 2012	26			APA, APA	2.50	CMS High Expenditure	April 2013	ZZZ	2.5	0.47	0.83	0.11	95661	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90839	Psychotherapy for crisis; first	Psychotherapy for Crisis a	April 2013	35			APA, APA	3.13	CMS High Expenditure	April 2013	XXX	3.13	0.46	0.94	0.10	21022	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90840	Psychotherapy for crisis; eac	Psychotherapy for Crisis a	April 2013	35			APA, APA	1.50	CMS High Expenditure	April 2013	ZZZ	1.5	0.27	0.49	0.08	8005	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90845	Psychoanalysis	Psychotherapy	October 2011					2.10	CMS High Expenditure	April 2013	XXX	2.1	0.31	0.63	0.06	9551	FALSE		FALSE					TRUE	Increase							
90846	Family psychotherapy (withc	Psychotherapy	April 2012	26			APA, APA	2.40	CMS High Expenditure	April 2013	XXX	2.4	0.34	0.35	0.07	24871	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90847	Family psychotherapy (conjo	Psychotherapy	April 2012	26			APA, APA	2.50	CMS High Expenditure	April 2013	XXX	2.5	0.36	0.37	0.07	132346	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90853	Group psychotherapy (other	Psychotherapy	April 2012	26			APA, APA	0.59	CMS High Expenditure	April 2013	XXX	0.59	0.08	0.18	0.02	458295	FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Maintain							
90862	Pharmacologic management	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure	September 2011							FALSE		TRUE	January 2012, th	February 2012	93	Complete	TRUE	Deleted from CPT							
90863	Pharmacologic management	Pharmacologic Managem	April 2013	40			APA (HCP/	0.48	CMS High Expenditure	April 2013	XXX	0.48	0.19	0.23	0.04		FALSE		TRUE	CPT February 20	February 2012	93	Complete	TRUE	Increase							
90868	Therapeutic repetitive transc	RAW	September 2022	13			APA (psycl	Maintain	Contractor Priced High	January 2018	000	0	0.00	0.00	0.00	224895	FALSE			FALSE					TRUE	Maintain							
90870	Electroconvulsive therapy (ir	Electroconvulsive Therap	April 2010	41			APA	2.50	Harvard Valued - Utiliz	October 2009	000	2.5	0.51	2.51	0.10	95284	FALSE			FALSE					TRUE	Increase							
90901	Biofeedback training by any	RAW	April 2023	15	September 2023	RAW		Action plan	High Volume Growth9	April 2023	000	0.41	0.14	0.80	0.01	29148	FALSE			FALSE					FALSE							
90911	Biofeedback training, perine	Biofeedback Training	January 2019	15			ACOG, AU	Deleted from CPT	Negative IWPUT	April 2017							FALSE		TRUE	At the April 201	September 2018	34	complete	TRUE	Deleted from CPT							
90912	Biofeedback training, perine	Biofeedback Training	January 2019	15				0.90	Negative IWPUT	September 2018	000	0.9	0.32	1.46	0.04	22282	FALSE		TRUE	In January 2019,	February 2019-EC	EC-T I	complete	TRUE	Increase							

90913	Biofeedback training, perine	Biofeedback Training	January 2019	15				0.50	Negative IWPUT	September 2018	ZZZ	0.5	0.18	0.42	0.04	14519	FALSE			TRUE	In January 2019,	February 2019-EC	EC-T Is	complete	TRUE	Increase
90935	Hemodialysis procedure witl	Hemodialysis-Dialysis Ser	October 2009	30			RPA	1.48	Havard Valued - Utiliza	October 2008	000	1.48	0.53	NA	0.10	796339	FALSE			FALSE					TRUE	Increase
90937	Hemodialysis procedure req	Hemodialysis-Dialysis Ser	October 2009	30			RPA	2.11	Havard Valued - Utiliza	February 2009	000	2.11	0.77	NA	0.12	35544	FALSE			FALSE					TRUE	Maintain
90945	Dialysis procedure other tha	Hemodialysis-Dialysis Ser	October 2009	30			RPA	1.56	Havard Valued - Utiliza	February 2009	000	1.56	0.86	NA	0.10	146794	FALSE			FALSE					TRUE	Increase
90947	Dialysis procedure other tha	Hemodialysis-Dialysis Ser	October 2009	30			RPA	2.52	Havard Valued - Utiliza	February 2009	000	2.52	0.91	NA	0.18	11765	FALSE			FALSE					TRUE	Increase
90951	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	23.92	9.10	9.10	1.60	38	FALSE			FALSE					TRUE	PE Only
90952	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	0	0.00	0.00	0.00	5	FALSE			FALSE					TRUE	PE Only
90953	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	0	0.00	0.00	0.00	1	FALSE			FALSE					TRUE	PE Only
90954	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	20.86	7.51	7.51	1.32	426	FALSE			FALSE					TRUE	PE Only
90955	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	10.32	4.43	4.43	0.59	93	FALSE			FALSE					TRUE	PE Only
90956	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	6.64	3.21	3.21	0.38	43	FALSE			FALSE					TRUE	PE Only
90957	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	15.46	6.27	6.27	0.96	1361	FALSE			FALSE					TRUE	PE Only
90958	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	9.87	4.28	4.28	0.60	495	FALSE			FALSE					TRUE	PE Only
90959	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	6.19	3.01	3.01	0.38	279	FALSE			FALSE					TRUE	PE Only
90960	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	6.77	3.24	3.24	0.40	1684812	FALSE			FALSE					TRUE	PE Only
90961	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	5.52	2.80	2.80	0.34	561187	FALSE			FALSE					TRUE	PE Only
90962	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	3.57	2.17	2.17	0.22	167843	FALSE			FALSE					TRUE	PE Only
90963	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	12.09	5.06	5.06	0.75	182	FALSE			FALSE					TRUE	PE Only
90964	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	10.25	4.46	4.46	0.65	810	FALSE			FALSE					TRUE	PE Only
90965	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	9.8	4.32	4.32	0.59	1070	FALSE			FALSE					TRUE	PE Only
90966	End-stage renal disease (esr	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended re	CMS Request - Practice	February 2009	XXX	5.52	2.79	2.79	0.34	351039	FALSE			FALSE					TRUE	PE Only
91038	Esophageal function test, ga	Gastroenterological Tests	February 2010	23			AGA, ASGI	New PE Inputs	CMS Request - Practice	February 2010	000	1.1	NA	11.10	0.06	4122	FALSE			FALSE					TRUE	PE Only
91110	Gastrointestinal tract imagin	Gastrointestinal Tract Ima	January 2016	44			ACG, AGA,	2.49	CMS High Expenditure	July 2015	XXX	2.24	NA	20.01	0.08	45759	FALSE			FALSE					TRUE	Decrease
91111	Gastrointestinal tract imagin	Gastrointestinal Tract Ima	January 2016	44			ACG, AGA,	1.00	CMS High Expenditure	July 2015	XXX	0.9	NA	25.84	0.05	145	FALSE			FALSE					TRUE	Maintain
91120	Rectal sensation, tone, and c	RAW	April 2023	15	September 2023	RAW		Action Plan	Codes Reported Togetl	April 2023	XXX	0.97	NA	14.30	0.05	9237	FALSE			FALSE					FALSE	
91122	Anorectal manometry	RAW	April 2023	15	September 2023	RAW		Action Plan	Codes Reported Togetl	April 2023	000	1.77	NA	6.33	0.12	18277	FALSE			FALSE					FALSE	
91132	Electrogastrography, diagno:	Electrogastrography	February 2010	24			AGA, ACG,	New PE Inputs	CMS Request - Practice Expense Review		XXX	0.52	NA	12.81	0.03	175	FALSE			FALSE					TRUE	PE Only
91133	Electrogastrography, diagno:	Electrogastrography	February 2010	24			AGA, ACG,	New PE Inputs	CMS Request - Practice Expense Review		XXX	0.66	NA	13.37	0.03	51	FALSE			FALSE					TRUE	PE Only
92065	Orthoptic training; performe	Orthoptic Training	April 2021	10			AAO, AOA	0.71	Harvard Valued - Utiliz	October 2019	XXX	0.71	NA	0.49	0.02	27946	FALSE			TRUE	This service was	February 2021 May	35	Complete	TRUE	Increase
92066	Orthoptic training; under su	Orthoptic Training	April 2021	10			AAO, AOA	New PE Inputs	Harvard Valued - Utiliz	February 2021	XXX	0	NA	0.76	0.01		FALSE			FALSE					TRUE	PE Only
92081	Visual field examination, uni	Visual Field Examination	April 2010	42			AAO, AOA	0.30	Harvard Valued - Utiliz	October 2009	XXX	0.3	NA	0.67	0.02	78884	FALSE			FALSE					TRUE	Decrease
92082	Visual field examination, uni	Visual Field Examination	April 2010	42			AAO, AOA	0.40	Harvard Valued - Utiliz	October 2009	XXX	0.4	NA	0.97	0.02	105241	FALSE			FALSE					TRUE	Decrease
92083	Visual field examination, uni	Visual Field Examination	April 2012	46			AAO, AOA	0.50	MPC List / CMS High E:	October 2010	XXX	0.5	NA	1.34	0.02	2670714	FALSE			FALSE					TRUE	Maintain
92100	Serial tonometry (separate p	Serial Tonometry	September 2011	36			AAO, AOA	0.61	Harvard Valued - Utiliz	April 2011	XXX	0.61	0.32	1.91	0.02	25855	FALSE			FALSE					TRUE	Decrease
92133	Scanning computerized opht	Computerized Scanning C	April 2010	23			AAO, AOA	0.50	CMS Fastest Growing	October 2009	XXX	0.4	NA	0.67	0.02	2628575	FALSE			FALSE		October 2009	44		TRUE	Decrease
92134	Scanning computerized opht	Computerized Scanning C	September 2022	13			AAO, AOA	0.50	CMS Fastest Growing /	October 2008	XXX	0.45	NA	0.73	0.02	7384135	FALSE			FALSE		October 2009	44		TRUE	Decrease
92135	Deleted from CPT	Ophthalmic Diagnostic Im	October 2009	31			AAO, AOA	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	Revise to specify	October 2009	44	Code Delete	TRUE	Deleted from CPT
92136	Ophthalmic biometry by par	Ophthalmic Biometry	April 2016	36			AAO	0.54	CMS Fastest Growing /	October 2008	XXX	0.54	NA	0.84	0.02	1571536	FALSE			FALSE					TRUE	Maintain
92140	Provocative tests for glaucor	Glaucoma Provacative Te:	April 2016	41			AAO, AOA	Deleted from CPT	Harvard Valued - Utiliz	October 2015							FALSE			TRUE	The specialty soc	May 2016	26	Complete	TRUE	Deleted from CPT
92201	Ophthalmoscopy, extended;	Ophthalmoscopy	April 2018	05			AAO, AOA	0.40	Negative IWPUT	February 2018	XXX	0.4	0.24	0.31	0.02	461255	FALSE			FALSE		February 2018	22		TRUE	Decrease
92202	Ophthalmoscopy, extended;	Ophthalmoscopy	April 2018	05			AAO, AOA	0.26	Negative IWPUT	February 2018	XXX	0.26	0.16	0.19	0.01	715800	FALSE			FALSE		February 2018	22		TRUE	Decrease
92225	Ophthalmoscopy, extended,	Ophthalmoscopy	April 2018	05			AAO, AOA	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	A RUC member r	February 2018	22	complete	TRUE	Deleted from CPT
92226	Ophthalmoscopy, extended,	Ophthalmoscopy	April 2018	05			AAO, AOA	Deleted from CPT	Negative IWPUT	February 2018							FALSE			FALSE		February 2018	22		TRUE	Deleted from CPT
92227	Imaging of retina for detecti	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0	NA	0.49	0.01	909	FALSE			FALSE					FALSE	
92228	Imaging of retina for detecti	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0.32	NA	0.53	0.02	4636	FALSE			FALSE					FALSE	
92235	Fluorescein angiography (inc	Ophthalmoscopic Angiogr	January 2016	21		RUC	AAO, ASRS	0.75	Harvard Valued - Utiliz	April 2011	XXX	0.75	NA	3.32	0.02	337073	FALSE			TRUE	In January 2015,	October 2015	55	Complete	TRUE	Decrease
92240	Indocyanine-green angiogra	Ophthalmoscopic Angiogr	January 2016	21		RUC	AAO, ASRS	0.80	Codes Reported Togetl	January 2015	XXX	0.8	NA	4.80	0.09	8086	FALSE			TRUE	In January 2015,	October 2015	55	Complete	TRUE	Decrease
92242	Fluorescein angiography anc	Ophthalmoscopic Angiogr	January 2016	21		RUC	AAO, ASRS	0.95	Codes Reported Togetl	October 2015	XXX	0.95	NA	6.72	0.05	33308	FALSE			TRUE	In January 2015,	October 2015	55	Complete	TRUE	Decrease
92250	Fundus photography with in	Fundus Photography	January 2016	45			AAO, ASRS	0.40	MPC List / CMS High E:	October 2010	XXX	0.4	NA	0.69	0.02	3321369	FALSE			FALSE					TRUE	Decrease
92270	Electro-oculography with int	Electro-oculography	October 2017	19			AAO-HNS	CPT Assistant article pu	High Volume Growth1	February 2008	XXX	0.81	NA	2.41	0.03	1521	TRUE	Aug 2008 ar	Yes	TRUE	The specialties in	February 2014	87	Complete	TRUE	Maintain
92273	Electroretinography (erg), wi	Electroretinography	January 2021	29	January 2024	RAW		Review action plan. 0.8	CMS High Expenditure	September 2017	XXX	0.69	NA	3.06	0.03	93455	FALSE			FALSE					TRUE	Decrease
92274	Electroretinography (erg), wi	Electroretinography	January 2021	29	January 2024	RAW		Review action plan. 0.7	CMS High Expenditure	September 2017	XXX	0.61	NA	2.02	0.02	4761	FALSE			FALSE					TRUE	Decrease
92275	Electroretinography with int	Electroretinography	January 2018	17			AAO, ASRS	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			TRUE	In January 2016,	June 2017	24	yes	TRUE	Deleted from CPT
92284	Diagnostic dark adaptation e	Dark Adaption Eye Exam	April 2021	20	September 2023	RAW	AAO, AOA	0.14. Review Technolo	Harvard Valued - Utiliz	October 2020	XXX	0	NA	1.37	0.01	40706	FALSE			TRUE	In April 2021, th	May 2021	EC-M	complete	TRUE	Decrease
92285	External ocular photography	Ocular Photography	October 2009	32			AAO, AOA	0.05 and new PE input	CMS Fastest Growing, I	October 2008	XXX	0.05	NA	0.62	0.02	390304	FALSE			TRUE	The specialty no	February 2010		Complete	TRUE	Decrease
92286	Anterior segment imaging w	Anterior Segment Imagin	April 2012	28			AAO, AOA	0.40	Harvard Valued - Utiliz	April 2011	XXX	0.4	NA	0.74	0.02	100570	FALSE			TRUE	The specialty soc	October 2011	20	Complete	TRUE	Decrease
92287	Anterior segment imaging w	Anterior Segment Imagin	April 2021	21			AAO, ASRS	0.40	Harvard Valued - Utilization over 30,000 /		XXX	0.4	NA	3.89	0.02	4600	TRUE	Mar 2013	Yes	TRUE	The specialty soc	October 2011	20	Complete	TRUE	Decrease
92504	Binocular microscopy (separ	Binocular Microscopy	April 2010	43			AAO-HNS	0.18	Harvard Valued - Utiliz	October 2009	XXX	0.18	0.09	0.68	0.01	224957	FALSE			FALSE					TRUE	Maintain
92506	Evaluation of speech, langua	Speech Language Patholo	February 2010	28			ASHA	Deleted from CPT	CMS Request/Speech Language Pathology Request								FALSE			TRUE	The specialty soc	October 2012	28	Complete	TRUE	Deleted from CPT
92507	Treatment of speech, langua	Speech Language Patholo	January 2016	54			ASHA	1.30 work RVU and clir	CMS Request/Speech L	October 2015	XXX	1.3	NA	0.94	0.04	449244	FALSE			FALSE					TRUE	Decrease
92508	Treatment of speech, langua	Speech Language Patholo	February 2010	28			ASHA	0.43 work RVU and clir	CMS Request/Speech Language Pathology		XXX	0.33	NA	0.37	0.01	2278	FALSE			FALSE					TRUE	Decrease
92521	Evaluation of speech fluency	Speech Evaluation	January 2013	32			ASHA	1.75	CMS Request/Speech Language Pathology		XXX	2.24	NA	1.66	0.06	218	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92522	Evaluation of speech sound	Speech Evaluation	January 2013	32			ASHA	1.50	CMS Request/Speech Language Pathology		XXX	1.92	NA	1.32	0.07	3754	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92523	Evaluation of speech sound	Speech Evaluation	April 2023	15	September 2023	RAW	ASHA	Action Plan. 3.36	CMS Request/Speech Language Pathology		XXX	3.84	NA	2.85	0.10	24897	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92524	Behavioral and qualitative ar	Speech Evaluation	January 2013	32			ASHA	1.75	CMS Request/Speech Language Pathology		XXX	1.92	NA	1.28	0.07	17456	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92526	Treatment of swallowing dys	Speech Language Patholo	October 2020	23			ASHA, AAO	Maintain	CMS Request/Speech L	NA	XXX	1.34	NA	1.15	0.04	165185	FALSE			FALSE					TRUE	Decrease
92537	Caloric vestibular test with re	Vestibular Caloric Irrigatic	January 2015	18			AAA, AAN	0.80	CMS-Other - Utilizatior	October 2014	XXX	0.6	NA	0.58	0.02	56804	FALSE			FALSE		October 2014	54	Complete	TRUE	Increase
92538	Caloric vestibular test with re	Vestibular Caloric Irrigatic	January 2015	18			AAA, AAN	0.55	CMS-Other - Utilizatior	October 2014	XXX	0.3	NA	0.35	0.02	5808	FALSE			FALSE		October 2014	54	Complete	TRUE	Increase
92540	Basic vestibular evaluation, i	EOG VNG	April 2014	24			AAN, ASHA	1.50	Codes Reported Together 95% or More		XXX	1.5	NA	1.69	0.05	72645	FALSE			FALSE					TRUE	Decrease
92541	Spontaneous nystagmus test	EOG VNG	April 2014	24			AAN, ASHA	0.40	Codes Reported Togetl	February 2008	XXX	0.4	NA	0.33	0.02	11711	FALSE			TRUE	Referred to the (	February 2009	54	Complete	TRUE	Maintain
92542	Positional nystagmus test, m	EOG VNG	April 2014	24			AAN, ASHA	0.48	Codes Reported Togetl	February 2008	XXX	0.48	NA	0.36	0.02	16253	FALSE			TRUE	Referred to the (	February 2009	54	Complete	TRUE	Increase
92543	Caloric vestibular test, each i	Vestibular Caloric Irrigatic	January 2015	18			AAA, AAN	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	The RUC discuss	October 2014	54	Complete	TRUE	Deleted from CPT
92544	Optokinetic nystagmus test,	EOG VNG	April 2014	24			AAN, ASHA	0.27	Codes Reported Togetl	February 2008	XXX	0.27	NA	0.24	0.02	2578	FALSE			TRUE	Referred to the (	February 2009	54	Complete	TRUE	Increase
92545	Oscillating tracking test, with	EOG VNG	April 2014	24			AAN, ASHA	0.25	Codes Reported Togetl	February 2008	XXX	0.25	NA	0.23	0.02	4130	FALSE			TRUE	Referred to the (	February 2009	54	Complete	TRUE	Increase
92546	Sinusoidal vertical axis rotati	EOG VNG	April 2014	24				Editorial change only	CMS-Other - Utilizatior	February 2014	XXX	0.29	NA	3.47	0.03	35961	FALSE			TRUE	Referred to the (	February 2014	87	Complete	TRUE	Maintain
92547	Use of vertical electrodes (lis	EOG VNG	April 2014	24				Editorial change only	CMS-Other - Utilizatior	February 2014	ZZZ	0	NA	0.32	0.00	22400	FALSE			TRUE	Referred to the (	February 2014	87	Complete	TRUE	Maintain
92548	Computerized dynamic postu	Computerized Dynamic P	January 2019	16			AAA, AAN	0.76	CMS-Other - Utilizatior	February 2014	XXX	0.67	NA	0.71	0.03	32836	FALSE			TRUE	In 2014 the RUC	September 2018 / F	35	complete	TRUE	Increase
92549	Computerized dynamic postu	Computerized Dynamic P	January 2019	16		RUC		0.96	CMS-Other - Utilizatior	September 2018	XXX	0.87	NA	1.04	0.02	6600	FALSE			FALSE		September 2018	35	complete	TRUE	Increase
92550	Tympanometry and reflex th	Bundled Audiology Tests	April 2009	22			ASHA, AAO	0.35	Codes Reported Together 95% or More		XXX	0.35	NA	0.30	0.01	190130	FALSE			FALSE					TRUE	Decrease
92557	Comprehensive audiometry	Bundled Audiology Tests	April 2009	22			ASHA, AAO	0.60 work RVU and cli	Codes Reported Togetl	February 2008	XXX	0.6	0.32	0.48	0.02	1145427	FALSE			TRUE	Referred to the (	February 2009	54	Complete	TRUE	Decrease
92558	Evoked otoacoustic emission	Otoacoustic Emissions Me	April 2011	35			ASHA	0.17	CMS Fastest Growing	February 2011	XXX	0.17	0.07	0.10	0.01		FALSE			FALSE		February 2011			TRUE	Increase
92567	Tympanometry (impedance	Bundled Audiology Tests	April 2009	22			ASHA, AAO	0.20 work RVU and cli	Codes Reported Togetl	February 2008	XXX	0.2	0.11	0.28	0.01	840849	FALSE			TRUE	Referred to the (	February 2009	54	Complete	TRUE	Decrease
92568	Acoustic reflex testing, thres	Bundled Audiology Tests	April 2009	22			ASHA, AAO	0.29 work RVU and cli	Codes Reported Togetl	February 2008	XXX	0.29	0.14	0.15	0.02	3376	FALSE			TRUE	Referred to the (	February 2009	54	Complete	TRUE	Decrease
92569	Deleted from CPT	Bundled Audiology Tests	April 2009	22			ASHA, AAO	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	February 2009	54	Code Delete	TRUE	Deleted from CPT
92570	Acoustic immittance testing,	Bundled Audiology Tests	October 2015	21			ASHA, AAO	0.55	Codes Reported Together 95% or More		XXX	0.55	0.29	0.39	0.02	29992	FALSE			FALSE					TRUE	Decrease
92584	Electrocochleography	Auditory Evoked Potentia	April 2019	06			AAA, AAO	1.00	CMS-Other - Utilizatior	February 2019	XXX	1	NA	2.34	0.04	9643	FALSE			FALSE					TRUE	Increase
92585	Auditory evoked potentials f	Auditory Evoked Potentia	April 2019	06			AAA, AAO	Deleted from CPT	CMS-Other - Utilizatior	October 2017							FALSE			TRUE	In October 2017	February 2019	19	complete	TRUE	Deleted from CPT
92586	Auditory evoked potentials f	Auditory Evoked Potentia	April 2019	06			AAA, AAO	Deleted from CPT	CMS-Other - Utilizatior	February 2019							FALSE			FALSE		February 2019	19	complete	TRUE	Deleted from CPT
92587	Distortion product evoked o	Otoacoustic Emissions Me	April 2011	35			ASHA	0.45	CMS Fastest Growing	October 2008	XXX	0.35	NA	0.28	0.02	43146	FALSE			TRUE	The specialty no	October 2010	41	Complete	TRUE	Increase
92588	Distortion product evoked o	Otoacoustic Emissions Me	April 2011	35			ASHA	0.60	CMS Fastest Growing		XXX	0.55	NA	0.44	0.02	81054	FALSE			FALSE		February 2011			TRUE	Increase
92597	Evaluation for use and/or fit	Speech Language Patholo	February 2009	30			ASHA	1.48 work RVU and clir	CMS Request/Speech L	NA	XXX	1.26	NA	0.84	0.04	2051	FALSE			FALSE					TRUE	Decrease
92605	Evaluation for prescription o	Eval of Rx for Non-Speech	April 2011	35			ASHA	1.75	CMS Request/Speech Language Pathology		XXX	1.75	0.68	0.85	0.11		FALSE			TRUE	The specialty soc	February 2011	58	Complete	TRUE	Increase
92606	Therapeutic service(s) for th	Speech Language Patholo	February 2010	28			ASHA	1.40 work RVU and clir	CMS Request/Speech Language Pathology		XXX	1.4	0.54	0.88	0.08		FALSE			FALSE					TRUE	Decrease
92607	Evaluation for prescription fo	Speech Language Patholo	February 2010	28			ASHA	1.85 work RVU and clir	CMS Request/Speech Language Pathology		XXX	1.85	NA	1.80	0.04	531	FALSE			FALSE					TRUE	Decrease
92608	Evaluation for prescription fo	Speech Language Patholo	February 2010	28			ASHA	0.70 work RVU and clir	CMS Request/Speech Language Pathology		ZZZ	0.7	NA	0.73	0.02	347	FALSE			FALSE					TRUE	Decrease

92609	Therapeutic services for the	Speech Language Patholo	February 2010	28			ASHA	1.50 work RVU and clir	CMS Request/Speech Language Pathology		XXX	1.5	NA	1.54	0.04	12752	FALSE			FALSE					TRUE	Decrease
92610	Evaluation of oral and phary	Speech Language Patholo	October 2020	23			ASHA, AA(	Maintain	CMS Request/Speech l	NA	XXX	1.3	0.74	1.19	0.04	24492	FALSE			FALSE					TRUE	Decrease
92611	Motion fluoroscopic evaluati	Speech Language Patholo	April 2009	39			ASHA	1.34 work RVU and clir	CMS Request/Speech l	NA	XXX	1.34	NA	1.31	0.08	9936	FALSE			FALSE					TRUE	Decrease
92618	Evaluation for prescription o	Eval of Rx for Non-Speech	April 2011	35			ASHA	0.65	CMS Request/Speech Language Pathology		ZZZ	0.65	0.25	0.26	0.04		FALSE			FALSE		February 2011	58		TRUE	Increase
92620	Evaluation of central auditor	Audiology Services	October 2008	17			ASHA, AA(	1.50	CMS Request - Audiolc	NA	XXX	1.5	0.79	1.08	0.06	1006	FALSE			FALSE					TRUE	Decrease
92621	Evaluation of central auditor	Audiology Services	October 2008	17			ASHA, AA(	0.35	CMS Request - Audiolc	NA	ZZZ	0.35	0.19	0.29	0.01	38	FALSE			FALSE					TRUE	Decrease
92625	Assessment of tinnitus (inclu	Audiology Services	October 2008	17			ASHA, AA(	1.15	CMS Request - Audiolc	NA	XXX	1.15	0.62	0.84	0.04	8388	FALSE			FALSE					TRUE	Decrease
92626	Evaluation of auditory functi	Audiology Services	October 2018	30			AAA, ASH/	1.40	CMS Request - Audiolc	NA	XXX	1.4	0.77	1.15	0.04	19748	TRUE	July 2014	Yes	TRUE	In October 2016	May 2018	34	Yes	TRUE	Decrease
92627	Evaluation of auditory functi	Audiology Services	October 2018	30			ASHA, AA(	0.33	CMS Request - Audiolc	NA	ZZZ	0.33	0.18	0.27	0.01	5166	FALSE			FALSE					TRUE	Decrease
92640	Diagnostic analysis with prog	Audiology Services	October 2008	17			ASHA, AA(	1.76	CMS Request - Audiolc	NA	XXX	1.76	0.97	1.47	0.04	18	FALSE			FALSE					TRUE	Decrease
92650	Auditory evoked potentials;	Auditory Evoked Potentia	April 2019	06			AAA, AAO	0.25	CMS-Other - Utilizatior	February 2019	XXX	0.25	NA	0.56	0.02		FALSE			FALSE		February 2019	19	complete	TRUE	Decrease
92651	Auditory evoked potentials;	Auditory Evoked Potentia	April 2019	06			AAA, AAO	1.00	CMS-Other - Utilizatior	February 2019	XXX	1	NA	1.49	0.04	1107	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92652	Auditory evoked potentials;	Auditory Evoked Potentia	April 2019	06			AAA, AAO	1.50	CMS-Other - Utilizatior	February 2019	XXX	1.5	NA	1.80	0.08	5603	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92653	Auditory evoked potentials;	Auditory Evoked Potentia	April 2019	06			AAA, AAN	1.05	CMS-Other - Utilizatior	February 2019	XXX	1.05	NA	1.41	0.06	22364	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92920	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	9.00	MPC List	October 2010	000	9.85	3.38	NA	2.16	20592	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92921	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	4.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92924	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	11.00	MPC List	October 2010	000	11.74	4.03	NA	2.62	1959	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92925	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	5.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92928	Percutaneous transcatheter	Percutaneous Coronary Ir	January 2012	10			ACC	10.49	MPC List	October 2010	000	10.96	3.76	NA	2.44	207572	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92929	Percutaneous transcatheter	Percutaneous Coronary Ir	January 2012	10			ACC	4.44	MPC List	October 2010	ZZZ	0	0.00	0.00	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92933	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.29	4.21	NA	2.73	17941	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92934	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	5.50	MPC List	October 2010	ZZZ	0	0.00	0.00	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92937	Percutaneous transluminal r	Percutaneous Coronary Ir	January 2012	10			ACC	10.49	MPC List	October 2010	000	10.95	3.75	NA	2.44	14099	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92938	Percutaneous transluminal r	Percutaneous Coronary Ir	January 2012	10			ACC	6.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92941	Percutaneous transluminal r	Percutaneous Coronary Ir	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.31	4.23	NA	2.71	33927	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92943	Percutaneous transluminal r	Percutaneous Coronary Ir	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.31	4.22	NA	2.74	8050	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92944	Percutaneous transluminal r	Percutaneous Coronary Ir	January 2012	10			ACC	6.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92960	Cardioversion, elective, elect	Cardioversion	October 2010	19			ACC	2.25	Harvard Valued - Utiliz	October 2009	000	2	1.02	2.45	0.17	191225	FALSE			FALSE					TRUE	Maintain
92973	Percutaneous transluminal c	RAW	October 2017	19				Remove from screen	High Volume Growth2	April 2013	ZZZ	3.28	1.12	NA	0.72	2331	FALSE			FALSE					TRUE	Maintain
92980	Transcatheter placement of	Percutaneous Coronary Ir	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society	October 2011	21	Deleted fron	TRUE	Deleted from CPT
92981	Transcatheter placement of	Percutaneous Coronary Ir	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society	October 2011	21	Deleted fron	TRUE	Deleted from CPT
92982	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	Deleted from CPT	MPC List / Harvard-Val	October 2010							FALSE			TRUE	Specialty society	October 2011	21	Deleted fron	TRUE	Deleted from CPT
92984	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society	October 2011	21	Deleted fron	TRUE	Deleted from CPT
92986	Percutaneous balloon valvul	Valvuloplasty	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008	090	22.6	11.07	NA	4.99	2322	FALSE			FALSE					TRUE	Remove from Screen
92992	Atrial septectomy or septost	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Ru	October 2018							FALSE			TRUE	In January 2019,	September 2019	16	yes	TRUE	Deleted from CPT
92993	Atrial septectomy or septost	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Ru	October 2018							FALSE			TRUE	In January 2019,	September 2019	16	yes	TRUE	Deleted from CPT
92995	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society	October 2011	21	Deleted fron	TRUE	Deleted from CPT
92996	Percutaneous transluminal c	Percutaneous Coronary Ir	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society	October 2011	21	Deleted fron	TRUE	Deleted from CPT
93000	Electrocardiogram, routine e	Complete Electrocardiogr	April 2019	20			ACC	0.17	CMS High Expenditure	September 2011	XXX	0.17	NA	0.24	0.02	10271235	FALSE			FALSE					TRUE	Maintain
93005	Electrocardiogram, routine e	Complete Electrocardiogr	April 2019	20			ACC	0.00	High Volume Growth1	February 2008	XXX	0	NA	0.18	0.01	416453	FALSE			FALSE					TRUE	PE Only
93010	Electrocardiogram, routine e	Complete Electrocardiogr	April 2019	20			ACC	0.17	MPC List / CMS High E:	October 2010	XXX	0.17	0.06	0.06	0.01	16114629	FALSE			FALSE					TRUE	Maintain
93012	Deleted from CPT	External Cardiovascular D	April 2010	25			ACC	Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93014	Deleted from CPT	External Cardiovascular D	April 2010	25			ACC	Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93015	Cardiovascular stress test usi	Cardiovascular Stress Test	April 2012	47			ACC	0.75. CPT Assistant pul	Codes Reported Togetl	February 2010	XXX	0.75	NA	1.31	0.04	851302	TRUE	Jan 2010	Yes	TRUE	The RUC accepte	October 2010	42	Complete	TRUE	Maintain
93016	Cardiovascular stress test usi	Cardiovascular Stress Test	April 2012	47			ACC	0.45	Codes Reported Togetl	February 2010	XXX	0.45	0.16	0.16	0.01	827798	FALSE			FALSE					TRUE	Maintain
93017	Cardiovascular stress test usi	Cardiovascular Stress Test	April 2010	45			ACC	New PE inputs	High Volume Growth1	February 2008	XXX	0	NA	1.05	0.02	78787	FALSE			FALSE					TRUE	PE Only
93018	Cardiovascular stress test usi	Cardiovascular Stress Test	April 2012	47			ACC	0.30	Codes Reported Togetl	February 2010	XXX	0.3	0.10	0.10	0.01	988540	TRUE	Jan 2010	Yes	TRUE	The RUC accepte	October 2010	42	Complete	TRUE	Maintain
93025	Microvolt t-wave alternans f	Microvolt T-Wave Assessr	October 2008	18			ACC	New PE Inputs	CMS Request - Practice	NA	XXX	0.75	NA	2.83	0.04	124	FALSE			FALSE					TRUE	PE Only
93040	Rhythm ecg, 1-3 leads; with i	Rhythm EKG	October 2009	34			ACC	0.15	Havard Valued - Utiliza	February 2009	XXX	0.15	NA	0.21	0.02	80784	FALSE			FALSE					TRUE	Decrease
93041	Rhythm ecg, 1-3 leads; tracir	Rhythm EKG	October 2009	34			ACC	0.00 (PE only)	Havard Valued - Utiliza	February 2009	XXX	0	NA	0.17	0.01	13114	FALSE			FALSE					TRUE	Maintain
93042	Rhythm ecg, 1-3 leads; interp	Rhythm EKG	October 2009	34			ACC, ACEP	0.15	Havard Valued - Utiliza	October 2008	XXX	0.15	0.04	0.04	0.01	310510	FALSE			FALSE					TRUE	Decrease
93050	Arterial pressure waveform a	RAW	April 2023	15				Remove from screen	Different Performing S	April 2023	XXX	0.17	NA	0.28	0.02	11341	FALSE			FALSE					TRUE	Remove from screen
93224	External electrocardiographi	External Cardiovascular D	April 2010	25	September 2023	RAW	ACC	Action Plan. 0.52	Harvard Valued - Utiliz	October 2009	XXX	0.39	NA	1.75	0.03	192428	FALSE			TRUE	The ACC and the	February 2010	57	Revised	FALSE	Maintain
93225	External electrocardiographi	External Cardiovascular D	April 2010	25	September 2023	RAW	ACC	Action Plan. N/A no ph	Harvard Valued - Utiliz	October 2009	XXX	0	NA	0.54	0.01	77725	FALSE			FALSE		February 2010	57		FALSE	Maintain
93226	External electrocardiographi	External Cardiovascular D	April 2010	25	September 2023	RAW	ACC	Action Plan. N/A no ph	Harvard Valued - Utiliz	October 2009	XXX	0	NA	1.07	0.01	126782	FALSE			FALSE		February 2010	57		FALSE	Maintain
93227	External electrocardiographi	External Cardiovascular D	April 2010	25	September 2023	RAW	ACC	Action Plan. 0.52	Harvard Valued - Utiliz	October 2009	XXX	0.39	0.14	0.14	0.01	248956	FALSE			TRUE	The ACC and the	Feburary 2010	57	Revised	FALSE	Maintain
93228	External mobile cardiovascul	External Cardiovascular D	October 2020	20			ACC, HRS	0.52	Harvard Valued - Utiliz	October 2009	XXX	0.48	0.23	0.23	0.04	222551	FALSE			FALSE					TRUE	Maintain
93229	External mobile cardiovascul	External Cardiovascular D	October 2020	20			ACC, HRS	PE Only	Harvard Valued - Utiliz	October 2009	XXX	0	NA	24.97	0.10	320448	FALSE			FALSE					TRUE	PE Only
93230	Deleted from CPT	Cardiac Device Monitorin	April 2009	31			ACC	Deleted from CPT	CMS Request - 2009 Fi	NA							FALSE			TRUE	CMS stated that	February 2010	57	Deleted	TRUE	Deleted from CPT
93231	Deleted from CPT	External Cardiovascular D	April 2010	25				Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93232	Deleted from CPT	External Cardiovascular D	April 2010	25				Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93233	Deleted from CPT	Cardiac Device Monitorin	April 2009	31			ACC	Deleted from CPT	CMS Request - 2009 Fi	NA							FALSE			TRUE	CMS stated that	February 2010	57	Deleted	TRUE	Deleted from CPT
93235	Deleted from CPT	External Cardiovascular D	April 2010	25				Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93236	Deleted from CPT	Cardiovascular Stress Test	April 2009	38			ACC	Deleted from CPT	Harvard Valued - Utiliz	February 2008							FALSE			TRUE	In February 200	February 2010	57	Deleted	TRUE	Deleted from CPT
93237	Deleted from CPT	Wearable Cardiac Device	February 2010	31			ACC	Deleted from CPT	Harvard Valued - Utiliz	October 2009							FALSE			TRUE	The ACC and the	February 2010	57	Complete	TRUE	Deleted from CPT
93241	External electrocardiographi	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0.5	NA	7.35	0.04	14181	FALSE			FALSE					FALSE	
93242	External electrocardiographi	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0	NA	0.35	0.01	95118	FALSE			FALSE					FALSE	
93243	External electrocardiographi	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0	NA	6.83	0.01	154581	FALSE			FALSE					FALSE	
93244	External electrocardiographi	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0.5	0.17	0.17	0.02	149152	FALSE			FALSE					FALSE	
93245	External electrocardiographi	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0.55	NA	7.72	0.04	6809	FALSE			FALSE					FALSE	
93246	External electrocardiographi	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0	NA	0.35	0.01	103167	FALSE			FALSE					FALSE	
93247	External electrocardiographi	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0	NA	7.18	0.01	258614	FALSE			FALSE					FALSE	
93248	External electrocardiographi	RAW	April 2023	15	September 2023	RAW		Action Plan	Work Neutrality 2021	April 2023	XXX	0.55	0.19	0.19	0.02	219398	FALSE			FALSE					FALSE	
93268	External patient and, when p	External Cardiovascular D	April 2010	25			ACC	0.52	Harvard Valued - Utiliz	October 2009	XXX	0.52	NA	4.77	0.04	10933	FALSE			FALSE		February 2010	57		TRUE	Maintain
93270	External patient and, when p	External Cardiovascular D	April 2010	25			ACC	New PE inputs	Harvard Valued - Utiliz	October 2009	XXX	0	NA	0.24	0.01	32455	FALSE			FALSE		February 2010	57		TRUE	PE Only
93271	External patient and, when p	External Cardiovascular D	April 2010	25			ACC	New PE inputs	Harvard Valued - Utiliz	October 2009	XXX	0	NA	4.36	0.01	42065	FALSE			FALSE		February 2010	57		TRUE	PE Only
93272	External patient and, when p	External Cardiovascular D	April 2010	25			ACC	0.52	Harvard Valued - Utiliz	October 2009	XXX	0.52	0.17	0.17	0.02	92623	FALSE			FALSE		February 2010	57		TRUE	Maintain
93279	Programming device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.65	CMS High Expenditure	July 2015	XXX	0.65	NA	1.35	0.03	111766	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93280	Programming device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.77	CMS High Expenditure	July 2015	XXX	0.77	NA	1.58	0.03	776133	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93281	Programming device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.85	CMS High Expenditure	July 2015	XXX	0.85	NA	1.64	0.05	66325	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Decrease
93282	Programming device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.85	CMS High Expenditure	July 2015	XXX	0.85	NA	1.52	0.05	79997	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93283	Programming device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	1.15	CMS High Expenditure	July 2015	XXX	1.15	NA	1.75	0.05	158873	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93284	Programming device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	1.25	CMS High Expenditure	July 2015	XXX	1.25	NA	1.88	0.05	191788	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93285	Programming device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.52	CMS High Expenditure	July 2015	XXX	0.52	NA	1.27	0.03	35450	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93286	Peri-procedural device evalu	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.30	CMS High Expenditure	July 2015	XXX	0.3	NA	1.06	0.02	26384	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93287	Peri-procedural device evalu	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.45	CMS High Expenditure	July 2015	XXX	0.45	NA	1.13	0.02	13517	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93288	Interrogation device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure	July 2015	XXX	0.43	NA	1.24	0.02	179111	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93289	Interrogation device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.75	CMS High Expenditure	July 2015	XXX	0.75	NA	1.38	0.05	69223	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Decrease
93290	Interrogation device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure	July 2015	XXX	0.43	NA	1.15	0.03	83336	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93291	Interrogation device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.37	CMS High Expenditure	July 2015	XXX	0.37	NA	1.10	0.02	58066	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Decrease
93292	Interrogation device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure	July 2015	XXX	0.43	NA	1.07	0.03	1082	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Maintain
93293	Transtelephonic rhythm stri	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.31	CMS High Expenditure	July 2015	XXX	0.31	NA	1.03	0.02	20156	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	Decrease
93294	Interrogation device evaluat	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.60	CMS High Expenditure	July 2015	XXX	0.6	0.24	0.24	0.04	1531037	FALSE			FALSE					TRUE	Decrease
93295	Interrogation device evaluat	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.74	CMS High Expenditure	July 2015	XXX	0.74	0.30	0.30	0.04	704136	FALSE			FALSE					TRUE	Decrease
93296	Interrogation device evaluat	Cardiac Electrophysiology	October 2016	25			ACC, HRS	New PE inputs and Ref	CMS High Expenditure	July 2015	XXX	0	NA	0.66	0.01	1614139	FALSE			TRUE	In the NPRM for	February 2017	Advisc	yes	TRUE	PE Only

93297	Interrogation device evaluat	Remote Interrogation De	January 2023	20			ACC, HRS	0.52 and PE Inputs	CMS High Expenditure	July 2015	XXX	0.52	0.20	0.20	0.04	542980	FALSE			FALSE					TRUE	Maintain
93298	Interrogation device evaluat	Remote Interrogation De	January 2023	20			ACC, HRS	0.52 and PE Inputs	CMS High Expenditure	July 2015	XXX	0.52	0.21	0.21	0.04	957280	FALSE			FALSE					TRUE	Maintain
93299	Interrogation device evaluat	Cardiac Electrophysiology	October 2018	22			ACC, HRS	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			TRUE	In October 2018	February 2019	20	complete	TRUE	Deleted from CPT
93306	Echocardiography, transthor	Complete Transthoracic E	April 2019	21			ACC, ASE	1.46	CMS High Expenditure	July 2015	XXX	1.46	NA	4.32	0.08	6696461	FALSE			FALSE					TRUE	Decrease
93307	Echocardiography, transthor	Transthoracic Echocardio	April 2016	42			ACC	0.92	CMS Request - Practice	NA	XXX	0.92	NA	3.11	0.06	23830	FALSE			FALSE					TRUE	Maintain
93308	Echocardiography, transthor	Transthoracic Echocardio	April 2016	42			ACC	0.53	CMS Fastest Growing,	October 2008	XXX	0.53	NA	2.37	0.04	490174	FALSE			FALSE					TRUE	Maintain
93320	Doppler echocardiography, p	Doppler Echocardiograph	January 2014	30			ACC	0.38	CMS Request - Practice	February 2009	ZZZ	0.38	NA	1.11	0.02	316852	FALSE			FALSE					TRUE	Maintain
93321	Doppler echocardiography, p	Doppler Echocardiograph	January 2014	30			ACC	0.15	CMS-Other - Utilizatior	October 2013	ZZZ	0.15	NA	0.59	0.01	271170	FALSE			FALSE					TRUE	Maintain
93325	Doppler echocardiography c	Doppler Echocardiograph	January 2014	30			ACC	0.07	CMS Request - Practice	February 2009	ZZZ	0.07	NA	0.63	0.00	591854	FALSE			FALSE					TRUE	Maintain
93350	Echocardiography, transthor	Stress Transthoracic Echo	October 2016	26		RUC	ACC, ASE	1.46; CPT Assistant arti	Other - Identified by R	April 2008	XXX	1.46	NA	4.02	0.06	73875	TRUE	Jan 2010	Yes	TRUE	The RUC accepte	October 2010	42	Complete	TRUE	Decrease
93351	Echocardiography, transthor	Stress Transthoracic Echo	October 2016	26		RUC	ACC, ASE	1.75	CMS High Expenditure	July 2015	XXX	1.75	NA	5.08	0.10	188627	FALSE			FALSE					TRUE	Maintain
93451	Right heart catheterization ir	Diagnostic Cardiac Cathet	April 2018	33			ACC	Remove from Modifier	Codes Reported Together 95% or More / N	000		2.47	NA	23.06	0.47	42360	FALSE			FALSE		October 2009	13		TRUE	Decrease
93452	Left heart catheterization inc	Diagnostic Cardiac Cathet	April 2011	28			ACC	4.32	Codes Reported Together 95% or More		000	4.5	NA	21.66	0.84	3145	FALSE			FALSE		October 2009	13		TRUE	Decrease
93453	Combined right and left hea	Diagnostic Cardiac Cathet	April 2011	28			ACC	5.98	Codes Reported Together 95% or More		000	5.99	NA	27.20	1.15	2028	FALSE			FALSE		October 2009	13		TRUE	Decrease
93454	Catheter placement in coron	Diagnostic Cardiac Cathet	April 2011	28			ACC	4.95	Codes Reported Together 95% or More		000	4.54	NA	21.70	0.87	106945	FALSE			FALSE		October 2009	13		TRUE	Decrease
93455	Catheter placement in coron	Diagnostic Cardiac Cathet	April 2011	28			ACC	6.15	Codes Reported Together 95% or More		000	5.29	NA	23.90	1.01	21092	FALSE			FALSE		October 2009	13		TRUE	Decrease
93456	Catheter placement in coron	Diagnostic Cardiac Cathet	April 2018	33			ACC	Remove from Modifier	Codes Reported Together 95% or More / N	000		5.9	NA	26.71	1.12	20308	FALSE			FALSE		October 2009	13		TRUE	Decrease
93457	Catheter placement in coron	Diagnostic Cardiac Cathet	April 2011	28			ACC	7.66	Codes Reported Together 95% or More		000	6.64	NA	28.86	1.25	3563	FALSE			FALSE		October 2009	13		TRUE	Decrease
93458	Catheter placement in coron	Diagnostic Cardiac Cathet	April 2011	28			ACC	6.51	Codes Reported Together 95% or More		000	5.6	NA	24.48	1.07	415368	FALSE			FALSE		October 2009	13		TRUE	Decrease
93459	Catheter placement in coron	Diagnostic Cardiac Cathet	April 2011	28			ACC	7.34	Codes Reported Together 95% or More		000	6.35	NA	25.95	1.21	67014	FALSE			FALSE		October 2009	13		TRUE	Decrease
93460	Catheter placement in coron	Diagnostic Cardiac Cathet	April 2011	28			ACC	7.88	Codes Reported Together 95% or More		000	7.1	NA	28.77	1.35	79581	FALSE			FALSE		October 2009	13		TRUE	Decrease
93461	Catheter placement in coron	Diagnostic Cardiac Cathet	April 2011	28			ACC	9.00	Codes Reported Together 95% or More		000	7.85	NA	31.69	1.51	11803	FALSE			FALSE		October 2009	13		TRUE	Decrease
93462	Left heart catheterization by	Diagnostic Cardiac Cathet	April 2011	28			ACC	3.73	Codes Reported Together 95% or More		ZZZ	3.73	1.56	1.56	0.82	7044	FALSE			FALSE		October 2009	13		TRUE	Decrease
93463	Pharmacologic agent admini	Diagnostic Cardiac Cathet	April 2011	28			ACC	2.00	Codes Reported Together 95% or More		ZZZ	2	0.70	0.70	0.17	5368	FALSE			FALSE		October 2009	13		TRUE	Decrease
93464	Physiologic exercise study (e	Diagnostic Cardiac Cathet	April 2011	28			ACC	1.80	Codes Reported Together 95% or More		ZZZ	1.8	NA	4.62	0.12	1274	FALSE			FALSE		October 2009	13		TRUE	Decrease
93501	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93503	Insertion and placement of f	Insertion of Catheter	April 2018	33			ACR, ASA	2.00	CMS High Expenditure	July 2015	000	2	0.40	NA	0.18	54329	FALSE			FALSE					TRUE	Decrease
93508	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93510	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93511	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93514	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93524	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93526	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93527	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93528	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93529	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93539	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93540	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93541	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93542	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93543	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93544	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93545	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93555	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93556	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Togetl	February 2008							FALSE			TRUE	Referred to the (	October 2009	13	Deleted	TRUE	Deleted from CPT
93561	Indicator dilution studies suc	Cardiac Output Measurer	January 2018	27				0.77	Negative IWPUT	October 2017	ZZZ					12	FALSE			FALSE					TRUE	Increase
93562	Indicator dilution studies suc	Cardiac Output Measurer	January 2018	27				0.95	Negative IWPUT	October 2017	ZZZ					3	FALSE			FALSE					TRUE	Increase
93563	Injection procedure during c	Diagnostic Cardiac Cathet	April 2011	28			ACC	2.00	Codes Reported Together 95% or More		ZZZ	1	0.35	0.35	0.17	146	FALSE			FALSE		October 2009	13		TRUE	Decrease
93564	Injection procedure during c	Pulmonary Angiography	October 2021	08	October 2025	RAW	ACC, SCAI	Review action plan	Codes Reported Togetl	October 2021	ZZZ	1.03	0.35	0.35	0.23	11	FALSE			FALSE		October 2009	13		FALSE	Decrease
93565	Injection procedure during c	Diagnostic Cardiac Cathet	April 2011	28			ACC	1.90	Codes Reported Together 95% or More		ZZZ	0.5	0.17	0.17	0.12	72	FALSE			FALSE		October 2009	13		TRUE	Decrease
93566	Injection procedure during c	Diagnostic Cardiac Cathet	April 2011	28			ACC	0.96	Codes Reported Together 95% or More		ZZZ	0.5	0.18	0.18	0.10	303	FALSE			FALSE		October 2009	13		TRUE	Decrease
93567	Injection procedure during c	Diagnostic Cardiac Cathet	April 2011	28			ACC	0.97	Codes Reported Together 95% or More		ZZZ	0.7	0.24	0.24	0.17	20363	FALSE			FALSE		October 2009	13		TRUE	Decrease
93568	Injection procedure during c	Diagnostic Cardiac Cathet	April 2011	28			ACC	0.98	Codes Reported Together 95% or More		ZZZ	0.88	0.31	0.31	0.19	1197	FALSE			TRUE		October 2009	13	Complete	TRUE	Decrease
93571	Intravascular doppler velocit	Coronary Flow Reserve M	October 2017	13			ACC, SCAI	1.50	High Volume Growth4	October 2016	ZZZ	0	NA	NA	0.00	67025	FALSE			FALSE					TRUE	Decrease
93572	Intravascular doppler velocit	Coronary Flow Reserve M	October 2017	13			ACC, SCAI	1.00	High Volume Growth4	October 2017	ZZZ	0	NA	NA	0.00	12923	FALSE			FALSE					TRUE	Decrease
93613	Intracardiac electrophysiolog	Cardiac Ablation Services	April 2021	07			ACC, HRS	5.23	CMS Fastest Growing /	October 2008	ZZZ	5.23	2.22	NA	1.15	86612	FALSE			FALSE					TRUE	Decrease
93620	Comprehensive electrophysi	Intracardiac Catheter Abl	April 2010	45			ACC	11.57	Codes Reported Togetl	February 2010	000	0	NA	0.00	0.00	6937	FALSE			TRUE	The Workgroup	October 2011	22	Complete	TRUE	Maintain
93621	Comprehensive electrophysi	Cardiac Ablation Services	April 2021	07			ACC, HRS	1.75	High Volume Growth6	October 2019	ZZZ	0	NA	0.00	0.00	25997	FALSE			FALSE					TRUE	Decrease
93623	Programmed stimulation and	Pacing Heart Stimulation	April 2019	22			ACC, HRS	Referral to CPT for par	CMS-Other - Utilizatior	October 2018	ZZZ	0	NA	0.00	0.00	38723	FALSE			TRUE	In April 2019, th	May 2019	EC-N	Complete	TRUE	Decrease
93641	Electrophysiologic evaluatior	Insertion/Removal of Pac	September 2014	21			ACC	Maintain work RVU an	Codes Reported Togetl	February 2010	000	0	NA	0.00	0.00	9237	FALSE			TRUE	33213 - This cod	February 2011	13	Complete	TRUE	Maintain
93651	Intracardiac catheter ablatio	Bundling EPS with Transc	January 2012	11			ACC, HRS	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup	October 2011	22	Complete	TRUE	Deleted from CPT
93652	Intracardiac catheter ablatio	Bundling EPS with Transc	January 2012	11			ACC, HRS	Deleted from CPT	CMS Fastest Growing/(	October 2008							FALSE			TRUE	The Workgroup	October 2011	22	Complete	TRUE	Deleted from CPT
93653	Comprehensive electrophysi	Cardiac Ablation Services	April 2021	07			ACC, HRS	15.00	Codes Reported Togetl	October 2011	000	15	6.37	NA	3.33	27745	FALSE			TRUE	The Workgroup	October 2011	22	Complete	TRUE	Decrease
93654	Comprehensive electrophysi	Cardiac Ablation Services	April 2021	07			ACC, HRS	18.10	Codes Reported Togetl	October 2011	000	18.1	7.65	NA	4.02	7824	FALSE			TRUE	The Workgroup	October 2011	22	Complete	TRUE	Decrease
93655	Intracardiac catheter ablatio	Cardiac Ablation Services	April 2021	07			ACC, HRS	7.00	Codes Reported Togetl	October 2011	ZZZ	5.5	2.35	NA	1.21	40338	FALSE			TRUE	The Workgroup	October 2011	22	Complete	TRUE	Decrease
93656	Comprehensive electrophysi	Cardiac Ablation Services	April 2021	07			ACC, HRS	17.00	Codes Reported Togetl	October 2011	000	17	7.23	NA	3.78	61319	FALSE			TRUE	The Workgroup	October 2020	61	complete	TRUE	Decrease
93657	Additional linear or focal intr	Cardiac Ablation Services	April 2021	07			ACC, HRS	7.00	Codes Reported Togetl	October 2011	ZZZ	5.5	2.35	NA	1.21	30645	FALSE			TRUE	The Workgroup	October 2011	22	Complete	TRUE	Decrease
93662	Intracardiac echocardiograpl	Cardiac Ablation Services	April 2021	07			ACC, HRS	2.53	High Volume Growth1	February 2008	ZZZ	0	NA	0.00	0.00	74158	FALSE			FALSE					TRUE	Decrease
93668	Peripheral arterial disease (p	Peripheral Artery Disease	January 2018	28				New PE Inputs	CMS Request - Final Ru	July 2017	XXX	0	NA	0.42	0.01	1383	FALSE			FALSE					TRUE	PE Only
93701	Bioimpedance-derived physiologic cardiovascular anal		February 2011	41				Remove from screen	Low Value-High Volum	October 2010	XXX	0	NA	0.78	0.01	4590	FALSE			FALSE					TRUE	Remove from Screen
93731	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93732	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93733	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93743	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93744	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93750	Interrogation of ventricular a	Ventricular Assist Device (	April 2019	24			AATS, ACC	0.85	High Volume Growth5	October 2018	XXX	0.75	0.31	0.63	0.12	84303	FALSE			FALSE					TRUE	Decrease
93792	Patient/caregiver training fo	Home INR Monitoring	January 2022	20	January 2025	RAW		Review in 3 years. 0.00	High Volume Growth3	September 2016	XXX	0	NA	2.06	0.04	1208	FALSE			FALSE		September 2016	08	yes	TRUE	PE Only
93793	Anticoagulant management	Home INR Monitoring	January 2022	20	January 2025	RAW		Review in 3 years. 0.18	High Volume Growth3	September 2016	XXX	0.18	NA	0.15	0.01	1643960	FALSE			FALSE		September 2016	08	yes	TRUE	Maintain
93875	Deleted from CPT	Noninvasive Vascular Diag	April 2010	45			AAN, ACC,	Deleted from CPT	Codes Reported Togetl	February 2010							TRUE	SS in proces	Yes	TRUE	The Workgroup	October 2010	43	Complete	TRUE	Deleted from CPT
93880	Duplex scan of extracranial a	Duplex Scans	April 2014	33			ACR, ACC,	0.80	Codes Reported Togetl	February 2010	XXX	0.8	NA	4.82	0.11	1780271	TRUE	Addressed i	Yes	TRUE	The Workgroup	October 2010	43	Complete	TRUE	Increase
93882	Duplex scan of extracranial a	Duplex Scans	April 2014	33			ACC, ACR,	0.50	CMS High Expenditure	January 2012	XXX	0.5	NA	3.13	0.09	25981	FALSE			FALSE					TRUE	Increase
93886	Transcranial doppler study o	Duplex Scans	September 2022	13	September 2023	RUC	AAN, ACC,	Refer to CPT for code b	Codes Reported Togetl	February 2010	XXX	0.91	NA	7.10	0.08	88929	FALSE			TRUE	In April 2022, th	May 2023	38	Yes	FALSE	Increase
93888	Transcranial doppler study o	Duplex Scans	April 2014	33			AAN, ACC,	0.70	Codes Reported Togetl	February 2010	XXX	0.5	NA	4.21	0.06	8637	FALSE			TRUE	The Workgroup	October 2010	CCI ed	Complete	TRUE	Increase
93890	Transcranial doppler study of the intracranial arteries;		September 2022	13	September 2023	RUC	AAN, ACR,	Refer to CPT for code b	High Volume Growth6	October 2019	XXX	1	NA	7.24	0.08	45280	FALSE			TRUE	In April 2022, th	May 2023	38	Yes	FALSE	
93892	Transcranial doppler study of the intracranial arteries;		September 2022	13	September 2023	RUC	AAN, ACR,	Refer to CPT for code b	High Volume Growth6	October 2019	XXX	1.15	NA	8.29	0.10	47422	FALSE			TRUE	In April 2022, th	May 2023	38	Yes	FALSE	
93922	Limited bilateral noninvasive	Extremity Non-Invasive A	April 2010	27			SVS, ACR,	0.25	CMS Fastest Growing	October 2008	XXX	0.25	NA	2.15	0.06	600988	FALSE			TRUE	The Workgroup	February 2010	58	Revised	TRUE	Maintain
93923	Complete bilateral noninvasi	Extremity Non-Invasive A	April 2010	27			SVS, ACR,	0.45	CMS Fastest Growing	February 2009	XXX	0.45	NA	3.31	0.08	349633	FALSE			TRUE	The Workgroup	February 2010	58	Revised	TRUE	Maintain
93924	Noninvasive physiologic stuc	Extremity Non-Invasive A	April 2010	27			SVS, ACR,	0.50	CMS Fastest Growing	February 2009	XXX	0.5	NA	4.12	0.10	44407	FALSE			TRUE	The Workgroup	February 2010	58	Revised	TRUE	Maintain
93925	Duplex scan of lower extrem	Duplex Scans	April 2014	33			ACC, ACR,	0.80	CMS-Other - Utilizatior	April 2011	XXX	0.8	NA	6.30	0.10	610883	FALSE			FALSE					TRUE	Maintain
93926	Duplex scan of lower extrem	Duplex Scans	April 2014	33			ACC, ACR,	0.60	CMS-Other - Utilizatior	April 2011	XXX	0.5	NA	3.72	0.06	230525	FALSE			FALSE					TRUE	Increase
93930	Duplex scan of upper extrem	Duplex Scans	April 2014	33			AAN, ACC,	0.80	CMS Request - Final Ru	November 2013	XXX	0.8	NA	4.95	0.12	20894	FALSE			FALSE					TRUE	Increase
93931	Duplex scan of upper extrem	Duplex Scans	April 2014	33			AAN, ACC,	0.50	Codes Reported Togetl	February 2010	XXX	0.5	NA	3.14	0.06	43637	FALSE			TRUE	The Workgroup	October 2010	CCI ed	Complete	TRUE	Increase
93965	Noninvasive physiologic stuc	Non-invasive Physiologic	January 2016	47			ACC, ACR,	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			TRUE	In January 2016,	May 2016	28	Complete	TRUE	Deleted from CPT
93970	Duplex scan of extremity vei	Duplex Scans	April 2014	33			ACC, ACR,	0.70	CMS-Other - Utilizatior	April 2011	XXX	0.7	NA	4.85	0.10	1534961	FALSE			FALSE					TRUE	Maintain

93971	Duplex scan of extremity vei	Duplex Scans	April 2014	33			ACR, SVS,	0.45	Low Value-High Volum	October 2010	XXX	0.45	NA	3.07	0.06	1546507	FALSE			FALSE					TRUE	Maintain
93975	Duplex scan of arterial inflov	Duplex Scans	April 2014	33			ACR, SVS,	1.30	CMS Request - Final Ru	November 2013	XXX	1.16	NA	6.68	0.14	203708	FALSE			FALSE					TRUE	Decrease
93976	Duplex scan of arterial inflov	Duplex Scans	April 2014	33			ACR	1.00	CMS Fastest Growing /	October 2008	XXX	0.8	NA	3.89	0.06	153116	FALSE			FALSE					TRUE	Decrease
93978	Duplex scan of aorta, inferio	Duplex Scans	April 2014	33				0.97	CMS-Other - Utilizatior	April 2013	XXX	0.8	NA	4.47	0.14	249599	FALSE			FALSE					TRUE	Increase
93979	Duplex scan of aorta, inferio	Duplex Scans	April 2014	33				0.70	CMS-Other - Utilizatior	October 2013	XXX	0.5	NA	2.95	0.06	57275	FALSE			FALSE					TRUE	Increase
93982	Noninvasive physiologic stuc	Endovascular Repair Proc	January 2017	10			SVS, SIR, S	Deleted from CPT	Codes Reported Togetl	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
93985	Duplex scan of arterial inflov	Duplex Scan Arterial Inflo	January 2019	17				0.80	CMS-Other - Utilizatior	October 2018	XXX	0.8	NA	6.48	0.16	19354	FALSE			FALSE		September 2018	36		TRUE	Increase
93986	Duplex scan of arterial inflov	Duplex Scan Arterial Inflo	January 2019	17				0.50	CMS-Other - Utilizatior	October 2018	XXX	0.5	NA	3.84	0.09	6364	FALSE			FALSE		September 2018	36		TRUE	Increase
93990	Duplex scan of hemodialysis	Doppler Flow Testing	April 2014	40			ACR, SVS	0.60	CMS Fastest Growing /	October 2008	XXX	0.5	NA	3.79	0.10	106664	FALSE			FALSE					TRUE	Increase
94010	Spirometry, including graphi	Spirometry	October 2019	12			ATS, CHES	0.17	Low Value-High Volum	October 2010	XXX	0.17	NA	0.61	0.02	776623	FALSE			FALSE					TRUE	Maintain
94014	Patient-initiated spirometric	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen -	High Volume Growth1	February 2008	XXX	0.52	NA	1.09	0.03	201	FALSE			FALSE					TRUE	Remove from Screen
94015	Patient-initiated spirometric	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen -	High Volume Growth1	February 2008	XXX	0	NA	0.91	0.01	56	FALSE			FALSE					TRUE	Remove from Screen
94016	Patient-initiated spirometric	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen -	High Volume Growth1	April 2008	XXX	0.52	0.18	0.18	0.02	6642	FALSE			FALSE					TRUE	Remove from Screen
94060	Bronchodilation responsiver	Spirometry	October 2019	12			ATS, CHES	0.22	MPC List / CPT Assistar	October 2010	XXX	0.22	NA	0.91	0.02	767711	TRUE	Mar 2014	Yes	FALSE					TRUE	Decrease
94200	Maximum breathing capacity	Lung Function Test	April 2018	28			ATS, CHES	0.05	CMS-Other - Utilizatior	October 2017	XXX	0.05	NA	0.37	0.02	49931	FALSE			FALSE					TRUE	Decrease
94240	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The RUC accepte	October 2010	44	Complete	TRUE	Deleted from CPT
94250	Expired gas collection, quant	RAW	October 2019	17				Deleted from CPT	CMS-Other - Utilizatior	January 2019							FALSE			FALSE					TRUE	Deleted from CPT
94260	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The RUC accepte	October 2010	44	Complete	TRUE	Deleted from CPT
94350	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The RUC accepte	October 2010	44	Complete	TRUE	Deleted from CPT
94360	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The RUC accepte	October 2010	44	Complete	TRUE	Deleted from CPT
94370	Determination of airway clos	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The RUC accepte	October 2010	44	Complete	TRUE	Deleted from CPT
94400	Breathing response to CO2 (	Evaluation of Wheezing	April 2019	25			ATS, CHES	Deleted from CPT	Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018								TRUE	Mar 2014	Yes	TRUE	In January 2019,	September 2019	49	yes	TRUE	Deleted from CPT
94450	Breathing response to hypox	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen -	High Volume Growth1	February 2008	XXX	0.4	NA	2.01	0.04	474	FALSE			FALSE					TRUE	Remove from Screen
94617	Exercise test for bronchospa	Pulmonary Diagnostic Tes	October 2016	05			ATS, CHES	0.70	CMS High Expenditure	February 2016	XXX	0.7	NA	1.87	0.03	9576	FALSE			FALSE		February 2016	39	Complete	TRUE	Decrease
94618	Pulmonary stress testing (eg	Pulmonary Diagnostic Tes	October 2016	05			ATS, CHES	0.48	CMS High Expenditure	February 2016	XXX	0.48	NA	0.49	0.03	243917	FALSE			FALSE		February 2016	39	Complete	TRUE	Decrease
94620	Pulmonary stress testing; sin	Pulmonary Diagnostic Tes	October 2016	05			ATS, CHES	Deleted from CPT	CMS High Expenditure	July 2015							FALSE			TRUE	In January 2016,	February 2016	39	Complete	TRUE	Deleted from CPT
94621	Cardiopulmonary exercise te	Pulmonary Diagnostic Tes	October 2016	05			ATS, CHES	1.42	CMS High Expenditure	January 2016	XXX	1.42	NA	3.02	0.12	16432	FALSE			TRUE	In January 2016,	February 2016	39	Complete	TRUE	Maintain
94640	Pressurized or nonpressurize	Evaluation of Wheezing	April 2019	25			AAFP, ATS	New PE Inputs	Codes Reported Together 75% or More-Pa		XXX	0	NA	0.26	0.01	126227	TRUE	Mar 2014	Yes	FALSE					TRUE	PE Only
94667	Manipulation chest wall, suc	Evaluation of Wheezing	April 2019	25			ATS, CHES	New PE Inputs	CPT Assistant Analysis	April 2019	XXX	0	NA	0.68	0.02	3342	FALSE			FALSE					TRUE	PE Only
94668	Manipulation chest wall, suc	Evaluation of Wheezing	April 2019	25			AAFP, ATS	New PE Inputs CPT Ass	Codes Reported Together 75% or More-Pa		XXX	0	NA	1.07	0.02	5926	TRUE	Mar 2014	Yes	FALSE					TRUE	PE Only
94669	Mechanical chest wall oscilla	Evaluation of Wheezing	April 2019	25			ATS, CHES	New PE Inputs	CPT Assistant Analysis	April 2019	XXX	0	NA	0.56	0.02	180	FALSE			FALSE					TRUE	PE Only
94681	Oxygen uptake, expired gas	Pulmonary Tests	September 2011	51			AACE, TES	Remove from screen	High Volume Growth1	February 2008	XXX	0.2	NA	1.17	0.03	4466	FALSE			FALSE					TRUE	Remove from Screen
94720	Carbon monoxide diffusing c	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The RUC accepte	October 2010	44	Complete	TRUE	Deleted from CPT
94725	Membrane diffusion capacity	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Togetl	February 2010							FALSE			TRUE	The RUC accepte	October 2010	44	Complete	TRUE	Deleted from CPT
94726	Plethysmography for determ	Pulmonary Function Testi	April 2011	19			ACCP, ATS	0.31	Codes Reported Togetl	February 2010	XXX	0.26	NA	1.33	0.03	572303	FALSE			FALSE		February 2011			TRUE	Decrease
94727	Gas dilution or washout for (	Pulmonary Function Testi	April 2011	19			ACCP, ATS	0.31	Codes Reported Togetl	February 2010	XXX	0.26	NA	1.02	0.02	270002	FALSE			FALSE		February 2011			TRUE	Decrease
94728	Airway resistance by oscillon	Pulmonary Function Testi	April 2011	19			ACCP, ATS	0.31	Codes Reported Togetl	February 2010	XXX	0.26	NA	0.90	0.02	4406	FALSE			FALSE		February 2011			TRUE	Decrease
94729	Diffusing capacity (eg, carbor	Pulmonary Function Testi	April 2011	19			ACCP, ATS	0.19	Codes Reported Togetl	February 2010	ZZZ	0.19	NA	1.48	0.02	917478	FALSE			FALSE		February 2011			TRUE	Decrease
94750	Pulmonary compliance study	RAW	October 2019	17				Deleted from CPT	CMS-Other - Utilizatior	January 2019							FALSE			FALSE					TRUE	Deleted from CPT
94760	Noninvasive ear or pulse oxi	Measure Blood Oxygen Le	February 2009	32			ACCP, ATS	New PE inputs	CMS Request - Practice	NA	XXX	0	NA	0.06	0.01	14911	FALSE			FALSE					TRUE	PE Only
94761	Noninvasive ear or pulse oxi	Measure Blood Oxygen Le	February 2009	32			ACCP, ATS	New PE inputs	CMS Request - Practice	NA	XXX	0	NA	0.10	0.01	9556	FALSE			FALSE					TRUE	PE Only
94762	Noninvasive ear or pulse oxi	Measure Blood Oxygen Le	February 2009	32			ACCP, ATS	New PE inputs	CMS Fastest Growing, (	October 2008	XXX	0	NA	0.75	0.01	122272	FALSE			FALSE					TRUE	PE Only
94770	Carbon dioxide, expired gas	Evaluation of Wheezing	April 2019	25			ATS, CHES	Deleted from CPT	High Volume Growth1	February 2008							TRUE	Mar 2014	Yes	TRUE	In April 2019, wh	September 2019	49	yes	TRUE	Deleted from CPT
95004	Percutaneous tests (scratch,	Percutaneous Allergy Tes	October 2016	27		RUC	AAAAI, AA	0.01	Low Value-Billed in Mu	October 2010	XXX	0.01	NA	0.10	0.01	8361486	FALSE			FALSE					TRUE	Maintain
95010	Percutaneous tests (scratch,	Percutaneous Allergy Tes	April 2011	31			JCAAI, AC/	Deleted from CPT	Low Value-Billed in Mu	October 2010							FALSE			TRUE	The specialty soc	February 2012	15	Complete	TRUE	Deleted from CPT
95012	Nitric oxide expired gas dete	Exhaled Nitric Oxide Mea	April 2019	26			AAAAI, AC	New PE Inputs	High Volume Growth5	October 2018	XXX	0	NA	0.55	0.01	76958	FALSE			FALSE					TRUE	PE Only
95015	Intracutaneous (intradermal	Intracutaneous Allgery Te	April 2011	31			JCAAI, AC/	Deleted from CPT	Low Value-Billed in Mu	October 2010							FALSE			TRUE	The specialty soc	February 2012	15	Complete	TRUE	Deleted from CPT
95017	Allergy testing, any combina	Percutaneous Allergy Tes	April 2012	29			JCAAI	0.07	Low Value-Billed in Mu	October 2010	XXX	0.07	0.03	0.18	0.01	25904	FALSE			TRUE	Deleted codes 9!	February 2012	15	Complete	TRUE	Decrease
95018	Allergy testing, any combina	Percutaneous Allergy Tes	April 2012	29			JCAAI	0.14	Low Value-Billed in Mu	October 2010	XXX	0.14	0.06	0.45	0.01	113122	FALSE			TRUE	Deleted codes 9!	February 2012	15	Complete	TRUE	Decrease
95024	Intracutaneous (intradermal	Intracutaneous Allgery Te	October 2017	19			JCAAI, AC/	New PE Inputs.	Low Value-Billed in Mu	October 2010	XXX	0.01	0.01	0.22	0.01	1449502	FALSE			FALSE					TRUE	PE Only
95027	Intracutaneous (intradermal	Intracutaneous Allgery Te	February 2011	41			JCAAI, AC/	0.01	Low Value-Billed in Mu	October 2010	XXX	0.01	NA	0.13	0.01	126261	FALSE			FALSE					TRUE	Maintain
95115	Professional services for alle	Immunotherapy Injection	April 2012	48			JCAAI, AA(	New PE Inputs	CMS High Expenditure	January 2012	XXX	0	NA	0.29	0.01	820003	FALSE			FALSE					TRUE	PE Only
95117	Professional services for alle	Immunotherapy Injection	April 2012	48			JCAAI, AA(	New PE Inputs	CMS High Expenditure	September 2011	XXX	0	NA	0.34	0.01	2467399	FALSE			FALSE					TRUE	PE Only
95144	Professional services for the	Antigen Therapy Services	January 2016	49			AAOHNS, .	0.06	Low Value-Billed in Mu	October 2010	XXX	0.06	0.03	0.43	0.01	155366	FALSE			FALSE					TRUE	Maintain
95148	Professional services for the	supervision of preparatior	October 2010	73				0.06	Low Value-Billed in Mu	October 2010	XXX	0.06	0.02	2.53	0.01	18727	FALSE			FALSE					TRUE	Maintain
95165	Professional services for the	Antigen Therapy Services	January 2016	49			AAOHNS, .	0.06	MPC List / CMS High E:	October 2010	XXX	0.06	0.03	0.38	0.01	6638389	FALSE			FALSE					TRUE	Maintain
95249	Ambulatory continuous gluc	Continuous Glucose Moni	January 2023	24			AACE, ES,	PE Only	High Volume Growth2		XXX	0	NA	1.78	0.04	14677	TRUE	June 2018	yes	TRUE	The RUC recomr	June 2017	EC	yes	TRUE	PE Only
95250	Ambulatory continuous gluc	Continuous Glucose Moni	January 2023	24			AACE, ES	New PE inputs	High Volume Growth2	October 2013	XXX	0	NA	4.30	0.04	45743	FALSE			TRUE	In May 2014, the	October 2015 & Fel	38	yes	TRUE	PE Only
95251	Ambulatory continuous gluc	Continuous Glucose Moni	January 2023	24			AACE, ES	0.70.	High Volume Growth /	April 2013	XXX	0.7	0.28	0.28	0.04	440819	FALSE			TRUE	In October 2016	February 2017	38	yes	TRUE	Decrease
95700	Electroencephalogram (eeg)	Long-Term EEG Monitorir	September 2022	13	April 2024	RAW	AAN, ACN	Review action plan. PE	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	14757	FALSE			FALSE					TRUE	PE Only
95705	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	749	FALSE			FALSE					TRUE	PE Only
95706	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	257	FALSE			FALSE					TRUE	PE Only
95707	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	128	FALSE			FALSE					TRUE	PE Only
95708	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	8123	FALSE			FALSE					TRUE	PE Only
95709	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	1311	FALSE			FALSE					TRUE	PE Only
95710	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	170	FALSE			FALSE					TRUE	PE Only
95711	Electroencephalogram with	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	142	FALSE			FALSE					TRUE	PE Only
95712	Electroencephalogram with	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	1156	FALSE			FALSE					TRUE	PE Only
95713	Electroencephalogram with	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	1764	FALSE			FALSE					TRUE	PE Only
95714	Electroencephalogram with	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	4351	FALSE			FALSE					TRUE	PE Only
95715	Electroencephalogram with	Long-Term EEG Monitorir	September 2022	13	April 2024	RAW	AAN, ACN	Review action plan. PE	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	16469	FALSE			FALSE					TRUE	PE Only
95716	Electroencephalogram with	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	PE Only	High Volume Growth4	May 2018	XXX	0	0.00	0.00	0.00	2289	FALSE			FALSE					TRUE	PE Only
95717	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	2.00	High Volume Growth4	May 2018	XXX	2	0.85	0.88	0.12	2674	FALSE			FALSE					TRUE	Decrease
95718	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	2.50	High Volume Growth4	May 2018	XXX	2.5	1.21	1.28	0.19	31495	FALSE			FALSE					TRUE	Decrease
95719	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	3.00	High Volume Growth4	May 2018	XXX	3	1.38	1.44	0.22	5951	FALSE			FALSE					TRUE	Decrease
95720	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	3.86	High Volume Growth4	May 2018	XXX	3.86	1.87	1.98	0.30	129650	FALSE			FALSE					TRUE	Decrease
95721	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	3.86	High Volume Growth4	May 2018	XXX	3.86	1.85	1.97	0.29	2560	FALSE			FALSE					TRUE	Decrease
95722	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	4.70	High Volume Growth4	May 2018	XXX	4.7	2.24	2.38	0.37	1997	FALSE			FALSE					TRUE	Decrease
95723	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	4.75	High Volume Growth4	May 2018	XXX	4.75	2.24	2.38	0.35	2590	FALSE			FALSE					TRUE	Decrease
95724	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	6.00	High Volume Growth4	May 2018	XXX	6	2.82	2.98	0.44	4054	FALSE			FALSE					TRUE	Decrease
95725	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	5.40	High Volume Growth4	May 2018	XXX	5.4	2.57	2.75	0.41	229	FALSE			FALSE					TRUE	Decrease
95726	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	7.58	High Volume Growth4	May 2018	XXX	7.58	3.60	3.82	0.58	624	FALSE			FALSE					TRUE	Decrease
95800	Sleep study, unattended, sim	Sleep Testing	April 2010	28			ACNS, AAI	1.05	CMS Fastest Growing	October 2009	XXX	0.85	NA	3.54	0.06	50031	FALSE			FALSE		October 2009			TRUE	Decrease
95801	Sleep study, unattended, sim	Sleep Testing	April 2010	28			ACNS, AAI	1.00	CMS Fastest Growing	October 2009	XXX	0.85	NA	1.86	0.06	237	FALSE			FALSE		October 2009			TRUE	Decrease
95803	Actigraphy testing, recording	Sleep Testing	April 2010	28			ACNS, AAI	0.90 and New PE input	CMS Request - Practice	NA	XXX	0.9	NA	3.22	0.03	181	FALSE			FALSE					TRUE	Decrease
95805	Multiple sleep latency or ma	Sleep Testing	April 2010	28			ACNS, AAI	1.20	CMS Fastest Growing	October 2009	XXX	1.2	NA	11.14	0.15	1910	FALSE			FALSE		October 2009			TRUE	Decrease
95806	Sleep study, unattended, sim	Sleep Testing	April 2010	28			ACNS, AAI	1.28	CMS Fastest Growing	October 2009	XXX	0.93	NA	1.75	0.06	93817	FALSE			FALSE		October 2009			TRUE	Decrease
95807	Sleep study, simultaneous re	Sleep Testing	April 2010	28			ACNS, AAI	1.25	CMS Fastest Growing	October 2009	XXX	1.28	NA	10.13	0.14	1205	FALSE			FALSE		October 2009			TRUE	Decrease
95808	Polysomnography; any age, s	Sleep Testing	April 2010	28			ACNS, AAI	1.74	CMS Fastest Growing	October 2009	XXX	1.74	NA	14.49	0.18	1007	FALSE			FALSE		October 2009			TRUE	Decrease
95810	Polysomnography; age 6 yea	Sleep Testing	April 2010	28			ACNS, AAI	2.50	CMS Fastest Growing /	February 2010	XXX	2.5	NA	15.41	0.24	179842	FALSE			FALSE		October 2009			TRUE	Decrease
95811	Polysomnography; age 6 yea	Sleep Testing	April 2010	28			ACNS, AAI	2.60	CMS Fastest Growing	October 2009	XXX	2.6	NA	16.12	0.27	195976	FALSE			FALSE		October 2009			TRUE	Decrease
95812	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	1.08	CMS Request - Final Ru	July 2015	XXX	1.08	NA	9.16	0.08	21275	FALSE			FALSE					TRUE	Maintain
95813	Electroencephalogram (eeg)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	1.63	CMS Request - Final Ru	July 2015	XXX	1.63	NA	11.08	0.11	23070	FALSE			FALSE					TRUE	Decrease
95816	Electroencephalogram (eeg)	Electroencephalogram	October 2012	22				1.08	CMS High Expenditure	January 2012	XXX	1.08	NA	10.28	0.08	236062	FALSE			FALSE					TRUE	Maintain
95819	Electroencephalogram (eeg)	Electroencephalogram	October 2012	22			AAN, ACN	1.08	CMS High Expenditure	September 2011	XXX	1.08	NA	12.11	0.08	161385	FALSE			FALSE					TRUE	Maintain

95822	Electroencephalogram (eeg)	Electroencephalogram	October 2012	22			AAN, ACN	1.08		CMS High Expenditure	January 2012	XXX	1.08	NA	11.27	0.08	23857	FALSE			FALSE						TRUE	Maintain
95827	Electroencephalogram (EEG)	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	Deleted from CPT		High Volume Growth4	May 2018							FALSE			FALSE						TRUE	Deleted from CPT
95831	Muscle testing, manual (sep	Muscle Testing	April 2018	33			AAN, AAN	Deleted from CPT		High Volume Growth3	October 2015							FALSE			TRUE	In April 2018, AA	September 2018	39	complete	TRUE	Deleted from CPT
95832	Muscle testing, manual (sep	Muscle Testing	April 2018	33			AAN, AAN	Deleted from CPT		High Volume Growth3	October 2017							FALSE			TRUE	In April 2018, AA	September 2018	39	complete	TRUE	Deleted from CPT
95833	Muscle testing, manual (sep	Muscle Testing	April 2018	33			AAN, AAN	Deleted from CPT		High Volume Growth3	October 2017							FALSE			TRUE	In April 2018, AA	September 2018	39	complete	TRUE	Deleted from CPT
95834	Muscle testing, manual (sep	Muscle Testing	April 2018	33			AAN, AAN	Deleted from CPT		High Volume Growth3	October 2017							FALSE			TRUE	In April 2018, AA	September 2018	39	complete	TRUE	Deleted from CPT
95851	Range of motion measureme	RAW	September 2022	13			APTA	Maintain		CMS-Other - Utilizatior	April 2022	XXX	0.16	0.06	0.46	0.01	28905	FALSE			FALSE						TRUE	Maintain
95860	Needle electromyography; 1	EMG in Conjunction with	April 2012	32			AAN, AAP	0.96		Harvard Valued - Utiliz	October 2009	XXX	0.96	NA	2.34	0.05	2639	FALSE			TRUE	The Workgroup,	February 2011 & O	09	Complete	TRUE	Maintain
95861	Needle electromyography; 2	EMG in Conjunction with	April 2012	32			AAN, AAP	1.54		Codes Reported Togetl	February 2010	XXX	1.54	NA	3.17	0.08	45050	FALSE			TRUE	The Workgroup,	February 2011 & O	09	Complete	TRUE	Maintain
95863	Needle electromyography; 3	EMG in Conjunction with	April 2012	32			AAN, AAP	1.87		Codes Reported Togetl	February 2010	XXX	1.87	NA	4.26	0.09	135	FALSE			TRUE	The Workgroup,	February 2011 & O	09	Complete	TRUE	Maintain
95864	Needle electromyography; 4	EMG in Conjunction with	April 2012	32			AAN, AAP	1.99		Codes Reported Togetl	February 2010	XXX	1.99	NA	4.87	0.11	1488	FALSE			TRUE	The Workgroup,	February 2011 & O	09	Complete	TRUE	Maintain
95867	Needle electromyography; c	EMG in Conjunction with	April 2012	32			AAN, AAP	0.79		Codes Reported Together	75% or More-Pa	XXX	0.79	NA	2.36	0.05	1320	FALSE			TRUE	Identifed by CPT	October 2011	06	Complete	TRUE	Maintain
95868	Needle electromyography; c	EMG in Conjunction with	April 2012	32			AAN, AAP	1.18		Codes Reported Together	75% or More-Pa	XXX	1.18	NA	2.93	0.05	4055	FALSE			TRUE	Identifed by CPT	October 2011	06	Complete	TRUE	Maintain
95869	Needle electromyography; tl	EMG in Conjunction with	April 2012	32			AAN, AAP	0.37		Codes Reported Togetl	October 2011	XXX	0.37	NA	2.47	0.03	450	FALSE			TRUE	Identifed by CPT	October 2011	06	Complete	TRUE	Maintain
95870	Needle electromyography; li	EMG in Conjunction with	October 2017	19			AAN, AAP	0.37		Codes Reported Togetl	October 2011	XXX	0.37	NA	2.09	0.03	54575	FALSE			TRUE	Identifed by CPT	October 2011	06	Complete	TRUE	Maintain
95885	Needle electromyography, e	EMG in Conjunction with	April 2011	20			AAN, AAP	0.35		Codes Reported Togetl	February 2010	ZZZ	0.35	NA	1.49	0.01	125139	FALSE			FALSE		February 2011 and	09	Complete	TRUE	Decrease
95886	Needle electromyography, e	EMG in Conjunction with	April 2011	20			AAN, AAP	0.92		Codes Reported Togetl	February 2010	ZZZ	0.86	NA	2.01	0.04	855049	FALSE			FALSE		February 2011 and	09	Complete	TRUE	Decrease
95887	Needle electromyography, n	EMG in Conjunction with	April 2011	20			AAN, AAP	0.73		Codes Reported Togetl	February 2010	ZZZ	0.71	NA	1.75	0.04	14550	FALSE			FALSE		February 2011 and	09	Complete	TRUE	Decrease
95900	Nerve conduction, amplitud	EMG in Conjunction with	April 2012	32			AAN, AAP	Deleted from CPT		MPC List / Codes Repo	October 2010							FALSE			TRUE	Identified as par	October 2011& Feb	06 & 1	Complete	TRUE	Deleted from CPT
95903	Nerve conduction, amplitud	EMG in Conjunction with	April 2012	32			AAN, AAP	Deleted from CPT		CMS High Expenditure	September 2011							FALSE			TRUE	Identified as par	October 2011 and F	06 & 1	Complete	TRUE	Deleted from CPT
95904	Nerve conduction, amplitud	EMG in Conjunction with	April 2012	32			AAN, AAP	Deleted from CPT		Codes Reported Togetl	February 2010							FALSE			TRUE	The Workgroup,	February 2011 & O	09 & 1	Complete	TRUE	Deleted from CPT
95907	Nerve conduction studies; 1-	EMG in Conjunction with	April 2012	32			AAN, AAP	1.00		Codes Reported Together	75% or More-Pa	XXX	1	NA	1.62	0.05	5830	FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95908	Nerve conduction studies; 3-	EMG in Conjunction with	April 2012	32			AAN, AAP	1.37		Codes Reported Together	75% or More-Pa	XXX	1.25	NA	2.02	0.05	48008	FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95909	Nerve conduction studies; 5-	EMG in Conjunction with	April 2012	32			AAN, AAP	1.77		Codes Reported Together	75% or More-Pa	XXX	1.5	NA	2.42	0.07	113947	FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95910	Nerve conduction studies; 7-	EMG in Conjunction with	April 2012	32			AAN, AAP	2.80		Codes Reported Together	75% or More-Pa	XXX	2	NA	3.13	0.09	133327	FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95911	Nerve conduction studies; 9-	EMG in Conjunction with	April 2012	32			AAN, AAP	3.34		Codes Reported Together	75% or More-Pa	XXX	2.5	NA	3.69	0.11	157280	FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95912	Nerve conduction studies; 1	EMG in Conjunction with	April 2012	32			AAN, AAP	4.00		Codes Reported Together	75% or More-Pa	XXX	3	NA	4.23	0.14	69190	FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95913	Nerve conduction studies; 1	EMG in Conjunction with	April 2012	32			AAN, AAP	4.20		Codes Reported Together	75% or More-Pa	XXX	3.56	NA	4.79	0.16	76286	FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95921	Testing of autonomic nervou	Autonomic Function Testi	January 2020	37	September 2023	RAW	AAFP, AAI	Refer to CPT Assistant.		Different Performing S	October 2009	XXX	0.9	NA	1.66	0.05	47812	TRUE	Sep 2020	complete	TRUE	For code pair 95	February 2012	17	Complete	TRUE	Maintain
95922	Testing of autonomic nervou	Autonomic Function Testi	January 2020	37	September 2023	RAW	AAFP, AAI	Refer to CPT Assistant.		High Volume Growth1	February 2008	XXX	0.96	NA	1.87	0.06	1791	TRUE	Dec 2008; Se	complete	TRUE	For code pair 95	February 2012	17	Complete	TRUE	Maintain
95923	Testing of autonomic nervou	Autonomic Function Testi	January 2020	37	September 2023	RAW	AAFP, AAI	Refer to CPT Assistant.		Codes Reported Togetl	October 2019	XXX	0.9	NA	2.73	0.05	94672	TRUE	Sep 2020	complete	FALSE					FALSE	Maintain
95924	Testing of autonomic nervou	Autonomic Function Testi	January 2020	37	September 2023	RAW	AAFP, AAI	Refer to CPT Assistant.		Codes Reported Together	75% or More-Pa	XXX	1.73	NA	2.68	0.12	14658	TRUE	Sep 2020	complete	TRUE	CPT Feb 2012 es	February 2012	17	Complete	TRUE	Decrease
95925	Short-latency somatosenson	Evoked Potentials and Re	January 2013	34			AAN, AAN	0.54 and New PE Input		Codes Reported Togetl	February 2010	XXX	0.54	NA	4.70	0.08	5126	FALSE			TRUE	The Workgroup	October 2010	48	Complete	TRUE	Maintain
95926	Short-latency somatosenson	Evoked Potentials and Re	January 2013	34			AAN, AAN	0.54 and New PE Input		Codes Reported Togetl	February 2010	XXX	0.54	NA	4.04	0.06	4812	FALSE			TRUE	The Workgroup	October 2010	48	Complete	TRUE	Maintain
95928	Central motor evoked poten	Evoked Potentials and Re	April 2013	36			AAN, AAN	1.50		Codes Reported Togetl	February 2010	XXX	1.5	NA	5.45	0.09	419	FALSE			TRUE	The Workgroup	October 2010	48	Complete	TRUE	Maintain
95929	Central motor evoked poten	Evoked Potentials and Re	April 2013	36			AAN, AAN	1.50		Codes Reported Togetl	February 2010	XXX	1.5	NA	5.57	0.08	1373	FALSE			TRUE	The Workgroup	October 2010	48	Complete	TRUE	Maintain
95930	Visual evoked potential (vep	Visual Evoked Potential T	October 2016	11			AAO, AOA	0.35		High Volume Growth3	October 2015	XXX	0.35	NA	1.61	0.02	39032	FALSE			TRUE	In January 2016,	May 2016	29	Complete	TRUE	Maintain
95934	H-reflex, amplitude and late	EMG in Conjunction with	April 2012	32				Deleted from CPT		Codes Reported Together	75% or More-Part1							FALSE			TRUE	Identified as par	October 2011 & Fel	06 & 1	Complete	TRUE	Deleted from CPT
95936	H-reflex, amplitude and late	EMG in Conjunction with	April 2012	32				Deleted from CPT		Codes Reported Together	75% or More-Part1							FALSE			TRUE	Identified as par	October 2011 & Fel	06 & 1	Complete	TRUE	Deleted from CPT
95937	Neuromuscular junction test	RAW	April 2023	15				Remove from screen		Different Performing S	April 2023	XXX	0.65	NA	2.45	0.05	26083	FALSE			FALSE					TRUE	Remove from screen
95938	Short-latency somatosenson	Evoked Potentials and Re	January 2013	34			AAN, AAN	0.86 and new PE input		Codes Reported Togetl	January 2013	XXX	0.86	NA	9.94	0.08	95684	FALSE			TRUE		October 2010	48	Complete	TRUE	Decrease
95939	Central motor evoked poten	Evoked Potentials and Re	January 2013	34			AAN, AAN	2.25 and new PE input		Codes Reported Togetl	January 2013	XXX	2.25	NA	13.92	0.14	45557	FALSE			TRUE		October 2010	48	Complete	TRUE	Decrease
95940	Continuous intraoperative n	Intraoperative Neurophys	January 2012	12				0.60		Codes Reported Togetl	January 2012	XXX	0.6	0.31	NA	0.04	26130	FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95941	Continuous intraoperative n	Intraoperative Neurophys	January 2012	12				2.00		Codes Reported Togetl	January 2012	XXX	0	0.00	0.00	0.00		FALSE			TRUE	Deleted 6 electri	February 2012	16	Complete	TRUE	Decrease
95943	Simultaneous, independent,	Autonomic Function Testi	January 2020	37			AAN, AAN	Deleted from CPT		Codes Reported Togetl	January 2018	XXX					14326	FALSE			TRUE	CPT Feb 2012 es	October 2020	65	complete	TRUE	Deleted from CPT
95950	Monitoring for identification	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	Deleted from CPT		CMS Fastest Growing	February 2009							FALSE			FALSE					TRUE	Deleted from CPT
95951	Monitoring for localization o	Long-Term EEG Monitorir	October 2018	13				Deleted from CPT		High Volume Growth4	October 2016							FALSE			TRUE	This service was	May 2018	35	Yes	TRUE	Deleted from CPT
95953	Monitoring for localization o	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	Deleted from CPT		CMS Fastest Growing	February 2009							FALSE			FALSE					TRUE	Deleted from CPT
95954	Pharmacological or physical	EEG Monitoring	February 2008	S			AAN, ACN	Remove from screen		High Volume Growth1	February 2008	XXX	2.45	NA	9.43	0.18	461	FALSE			FALSE					TRUE	Remove from Screen
95956	Monitoring for localization o	Long-Term EEG Monitorir	October 2018	13			AAN, ACN	Deleted from CPT		CMS Fastest Growing	October 2008							TRUE	Dec 2009	Yes	FALSE					TRUE	Deleted from CPT
95957	Digital analysis of electroenc	Electroencephalogram (EI	January 2016	50			AAN	1.98		CMS High Expenditure	July 2015	XXX	1.98	NA	6.12	0.12	35208	FALSE			FALSE					TRUE	Maintain
95970	Electronic analysis of implan	Neurostimulator Services	January 2019	37			AAN, AAN	0.45		Harvard Valued - Utiliz	February 2010	XXX	0.35	0.16	0.17	0.04	27748	TRUE	Jul 2016	Yes	TRUE	In January 2016,	June 2017	31	Complete	TRUE	Maintain
95971	Electronic analysis of implan	Neurostimulator Services	October 2017	07			AUA, ACO	0.78		Harvard Valued - Utiliz	October 2009	XXX	0.78	0.30	0.57	0.07	18280	FALSE			TRUE	In January 2014,	February 2015, Jun	75, 31	Complete	TRUE	Maintain
95972	Electronic analysis of implan	Neurostimulator Services	October 2017	07			AUA, ACO	0.80		Harvard Valued - Utiliz	February 2010	XXX	0.8	0.30	0.78	0.10	39855	FALSE			TRUE	In January 2014,	May 2014 Februa	EC1	Complete	TRUE	Decrease
95973	Electronic analysis of implan	Implanted Neurostimulat	April 2015	21			AANS/CNS	Deleted from CPT		Harvard Valued - Utiliz	February 2010							FALSE			TRUE	In January 2014,	February 2015	75	Complete	TRUE	Deleted from CPT
95974	Electronic analysis of implan	Neurostimulator Services	October 2017	07			AAN, AAN	Deleted from CPT		CMS Request - Final Ru	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016,	June 2017	31	Complete	TRUE	Deleted from CPT
95975	Electronic analysis of implan	Neurostimulator Services	October 2017	07			AAN, AAN	Deleted from CPT		CMS Request - Final Ru	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016,	June 2017	31	Complete	TRUE	Deleted from CPT
95976	Electronic analysis of implan	Neurostimulator Services	September 2022	13			AAN, AAN	0.95		High Volume Growth2	June 2017	XXX	0.73	0.35	0.38	0.07	6886	TRUE	February 20	complete	FALSE		June 2017	31		TRUE	Maintain
95977	Electronic analysis of implan	Neurostimulator Services	September 2022	13			AAN, AAN	1.19		High Volume Growth2	June 2017	XXX	0.97	0.47	0.49	0.10	5089	TRUE	February 20	complete	FALSE		June 2017	31		TRUE	Maintain
95978	Electronic analysis of implan	Neurostimulator Services	October 2017	07			AAN, AAN	Deleted from CPT		CMS Request - Final Ru	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016,	June 2017	31	Complete	TRUE	Deleted from CPT
95979	Electronic analysis of implan	Neurostimulator Services	October 2017	07			AAN, AAN	Deleted from CPT		CMS Request - Final Ru	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016,	June 2017	31	Complete	TRUE	Deleted from CPT
95980	Electronic analysis of implan	Neurostimulator Services	October 2017	07			No Interes	Not part of family		CMS Request - Final Ru	July 2015	XXX	0.8	0.36	NA	0.19	416	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95981	Electronic analysis of implan	Neurostimulator Services	October 2017	07			No Interes	Not part of family		CMS Request - Final Ru	July 2015	XXX	0.3	0.17	0.79	0.06	624	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95982	Electronic analysis of implan	Neurostimulator Services	January 2016	07			No Interes	Not part of family		CMS Request - Final Ru	July 2015	XXX	0.65	0.31	0.98	0.12	982	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95983	Electronic analysis of implan	Neurostimulator Services	September 2022	13			AAN, AAN	1.25		High Volume Growth2	June 2017	XXX	0.91	0.45	0.48	0.10	37366	TRUE	February 20	complete	FALSE		June 2017	31		TRUE	Maintain
95984	Electronic analysis of implan	Neurostimulator Services	September 2022	13			AAN, AAN	1.00		High Volume Growth2	June 2017	ZZZ	0.8	0.40	0.41	0.08	50959	TRUE	February 20	complete	FALSE		June 2017	31		TRUE	Maintain
95990	Refilling and maintenance of	Electronic Analysis Implar	February 2011	07			ASA, AAP	0.00		Different Performing S	April 2010	XXX	0	NA	2.64	0.04	908	FALSE			TRUE	Identified throu	October 2010		Complete	TRUE	Maintain
95991	Refilling and maintenance of	Electronic Analysis Implar	February 2011	07			ASA, AAP	0.77		High Volume Growth1	February 2008	XXX	0.77	0.32	2.43	0.10	6550	FALSE			TRUE		October 2010		Complete	TRUE	Maintain
95992	Canalith repositioning procedure(s) (eg, epley maneuv		April 2018	33				Remove from Modifier		Modifier -51 Exempt	January 2018	XXX	0.75	0.28	0.50	0.04	115801	FALSE			FALSE					TRUE	Maintain
96101	Psychological testing (includ	Psychological and Neuro-	October 2017	08			APA (psyc	Deleted from CPT		CMS High Expenditure	July 2015							FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Deleted from CPT
96102	Psychological testing (includ	Psychological and Neuro-	October 2017	08			APA (psyc	Deleted from CPT		CMS High Expenditure	July 2015							FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Deleted from CPT
96103	Psychological testing (includ	Psychological and Neuro-	October 2017	08			APA (psyc	Deleted from CPT		High Volume Growth2	April 2013							FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Deleted from CPT
96105	Assessment of aphasia (inclu	Psychological and Neuro-	October 2017	20			APA (psyc	1.75		CMS Request/Speech L	January 2016	XXX	1.75	NA	1.05	0.10	3401	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Decrease
96110	Developmental screening (e	Psychological and Neuro-	October 2017	08			APA (psyc	New PE Inputs		CMS High Expenditure	January 2017	XXX	0	NA	0.31	0.01		FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	PE Only
96111	Developmental testing, (incl	Psychological and Neuro-	October 2017	08			APA (psyc	Deleted from CPT		CMS High Expenditure	January 2017							FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Deleted from CPT
96112	Developmental test administ	Psychological and Neuro-	October 2017	08			APA (psyc	2.50		CMS High Expenditure	June 2017	XXX	2.56	1.00	1.04	0.14	4750	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Decrease
96113	Developmental test administ	Psychological and Neuro-	October 2017	08			APA (psyc	1.10		CMS High Expenditure	June 2017	ZZZ	1.16	0.44	0.55	0.06	627	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Decrease
96116	Neurobehavioral status exan	Psychological and Neuro-	October 2017	08			APA (psyc	1.86		CMS High Expenditure	July 2015	XXX	1.86	0.43	0.81	0.08	135507	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Maintain
96118	Neuropsychological testing (	Psychological and Neuro-	October 2017	08			APA (psyc	Deleted from CPT		CMS High Expenditure	July 2015							FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Deleted from CPT
96119	Neuropsychological testing (	Psychological and Neuro-	October 2017	08			APA (psyc	Deleted from CPT		CMS High Expenditure	July 2015							FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Deleted from CPT
96120	Neuropsychological testing (	Psychological and Neuro-	October 2017	08			APA (psyc	Deleted from CPT		High Volume Growth2	April 2013							FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Deleted from CPT
96121	Neurobehavioral status exan	Psychological and Neuro-	October 2017	08			APA (psyc	1.71		CMS High Expenditure	June 2017	ZZZ	1.71	0.23	0.49	0.04	36763	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Decrease
96125	Standardized cognitive perfc	Psychological and Neuro-	October 2017	20			APA (psyc	1.70		CMS High Expenditure	January 2016	XXX	1.7	NA	1.29	0.06	5434	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Maintain
96127	Brief emotional/behavioral a	Psychological and Neuro-	October 2017	08			APA (psyc	New PE Inputs		CMS High Expenditure	January 2016	XXX	0	NA	0.13	0.01	497436	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	PE Only
96130	Psychological testing evaluat	Psychological and Neuro-	October 2017	20			APA (psyc	2.50		CMS High Expenditure	June 2017	XXX	2.56	0.55	0.89	0.10	104985	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Decrease
96131	Psychological testing evaluat	Psychological and Neuro-	October 2017	20			APA (psyc	1.90		CMS High Expenditure	June 2017	ZZZ	1.96	0.26	0.56	0.04	71902	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Decrease
96132	Neuropsychological testing e	Psychological and Neuro-	October 2017	08			APA (psyc	2.50		CMS High Expenditure	June 2017	XXX	2.56	0.47	1.18	0.10	204387	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Decrease
96133	Neuropsychological testing e	Psychological and Neuro-	October 2017	08			APA (psyc	1.90		CMS High Expenditure	June 2017	ZZZ	1.96	0.26	0.92	0.04	332219	FALSE			TRUE	In the July 2015	June 2017	32	complete	TRUE	Decrease
96136	Psychological or neuropsych	Psychological and Neuro-	October 2017	20			APA (psyc	0.55		CMS High Expenditure	June 2017	XXX	0.55	0.12	0.69	0.02	175704	FALSE			FALSE		June 2017	32		TRUE	Decrease
96137	Psychological or neuropsych	Psychological and Neuro-	October 2017	20			APA (psyc	0.46		CMS High Expenditure	June 2017	ZZZ	0.46	0.06	0.69	0.01	328424	FALSE			FALSE		June 2017	32		TRUE	Decrease
96138	Psychological or neuropsych	Psychological and Neuro-	October 2017	20			APA (psyc	New PE Inputs		CMS High Expenditure	June 2017	XXX	0	NA	1.00	0.01	182454	FALSE			FALSE		June 2017	32		TRUE	PE Only
96139	Psychological or neuropsych	Psychological and Neuro-	October 2017	20			APA (psyc	New PE Inputs		CMS High Expenditure	June 2017	ZZZ	0	NA	1.03	0.01	344259	FALSE			FALSE		June 2017	32		TRUE	PE Only
96146	Psychological or neuropsych	Psychological and Neuro-	October 2017	20			APA (psyc	New PE Inputs		CMS High Expenditure	June 2017	XXX	0	NA	0.06	0.01	8281	FALSE			FALSE		June 2017	32		TRUE	PE Only
96150	Health and behavior assessm	Health and Behavior Asse	January 2019	41				Deleted from CPT		Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from CPT
96151	Health and behavior assessm	Health and Behavior Asse	January 2019	41				Deleted from CPT		Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from CPT

96152	Health and behavior intervei	Health and Behavior Asse	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from CPT
96153	Health and behavior intervei	Health and Behavior Asse	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from CPT
96154	Health and behavior intervei	Health and Behavior Asse	January 2019	41			APA (psycl	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	In October 2017	September 2018	40	Complete	TRUE	Deleted from CPT
96155	Health and behavior intervei	Health and Behavior Asse	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from CPT
96156	Health behavior assessment,	Health and Behavior Asse	January 2019	41				2.10	Negative IWPUT	September 2018	XXX	2.1	0.33	0.65	0.06	18966	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96158	Health behavior interventior	Health and Behavior Asse	January 2019	41				1.45	Negative IWPUT	September 2018	XXX	1.45	0.20	0.43	0.04	40810	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96159	Health behavior interventior	Health and Behavior Asse	January 2019	41				0.50	Negative IWPUT	September 2018	ZZZ	0.5	0.07	0.15	0.01	36634	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96164	Health behavior interventior	Health and Behavior Asse	January 2019	41				0.21	Negative IWPUT	September 2018	XXX	0.21	0.04	0.07	0.01	12608	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96165	Health behavior interventior	Health and Behavior Asse	January 2019	41				0.10	Negative IWPUT	September 2018	ZZZ	0.1	0.02	0.03	0.00	34107	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96167	Health behavior interventior	Health and Behavior Asse	January 2019	41				1.55	Negative IWPUT	September 2018	XXX	1.55	0.20	0.45	0.04	1275	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96168	Health behavior interventior	Health and Behavior Asse	January 2019	41				0.55	Negative IWPUT	September 2018	ZZZ	0.55	0.07	0.16	0.01	1123	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96170	Health behavior interventior	Health and Behavior Asse	January 2019	41				1.50	Negative IWPUT	September 2018	XXX	1.5	0.58	0.72	0.10		FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96171	Health behavior interventior	Health and Behavior Asse	January 2019	41				0.54	Negative IWPUT	September 2018	ZZZ	0.54	0.21	0.26	0.04		FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96360	Intravenous infusion, hydrat	IV Hydration	January 2017	25			ASCO, ASH	0.17	CMS High Expenditure	July 2015	XXX	0.17	NA	0.79	0.01	219605	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96361	Intravenous infusion, hydrat	IV Hydration	January 2017	25			ASCO, ASH	0.09	CMS High Expenditure	July 2015	ZZZ	0.09	NA	0.28	0.01	358259	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96365	Intravenous infusion, for the	Intravenous Infusion Thei	January 2013	28			ACRh, ASC	0.21	CMS High Expenditure	September 2011	XXX	0.21	NA	1.66	0.04	1336860	FALSE			FALSE					TRUE	Maintain
96366	Intravenous infusion, for the	Intravenous Infusion Thei	January 2013	28			ACRh, ASC	0.18	CMS High Expenditure	April 2013	ZZZ	0.18	NA	0.42	0.01	553392	FALSE			FALSE					TRUE	Maintain
96367	Intravenous infusion, for the	Intravenous Infusion Thei	January 2013	28			ACRh, ASC	0.19	CMS High Expenditure	September 2011	ZZZ	0.19	NA	0.66	0.01	1145470	FALSE			FALSE					TRUE	Maintain
96368	Intravenous infusion, for the	Intravenous Infusion Thei	January 2013	28			ACRh, ASC	0.17	CMS High Expenditure	April 2013	ZZZ	0.17	NA	0.41	0.01	128693	FALSE			FALSE					TRUE	Maintain
96372	Therapeutic, prophylactic, or	Application of On-body In	January 2017	26			ASCO, ASH	0.17	Different Performing S	April 2013	XXX	0.17	NA	0.24	0.01	7870685	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96374	Therapeutic, prophylactic, or	Application of On-body In	January 2017	26			ASCO, ASH	0.18	CMS High Expenditure	July 2015	XXX	0.18	NA	0.91	0.02	232764	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96375	Therapeutic, prophylactic, or	Application of On-body In	January 2017	26			ASCO, ASH	0.10	CMS High Expenditure	July 2015	ZZZ	0.1	NA	0.35	0.01	1328236	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96401	Chemotherapy administratic	Chemotherapy Administr	January 2017	27			ASBMT, A	0.21	CMS High Expenditure	July 2015	XXX	0.21	NA	1.92	0.04	733731	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96402	Chemotherapy administratic	Chemotherapy Administr	January 2017	27			ASBMT, A	0.19	CMS High Expenditure	July 2015	XXX	0.19	NA	0.80	0.02	387086	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96405	Chemotherapy administratic	Chemotherapy Administr	April 2008	55			ASCO	New PE inputs	CMS Request - Practice	NA	000	0.52	0.30	1.95	0.04	19134	FALSE			FALSE					TRUE	PE Only
96406	Chemotherapy administratic	Chemotherapy Administr	April 2008	55			ASCO	New PE inputs	CMS Request - Practice	NA	000	0.8	0.46	3.06	0.06	730	FALSE			FALSE					TRUE	PE Only
96409	Chemotherapy administratic	Chemotherapy Administr	January 2017	27			ASBMT, A	0.24	CMS High Expenditure	July 2015	XXX	0.24	NA	2.71	0.06	57524	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96411	Chemotherapy administratic	Chemotherapy Administr	January 2017	27			ASBMT, A	0.20	CMS High Expenditure	July 2015	ZZZ	0.2	NA	1.41	0.04	136948	FALSE			TRUE	These services w	N/A	N/A	N/A	TRUE	Maintain
96413	Chemotherapy administratic	Chemotherapy Administr	January 2013	29			ACRh, ASC	0.28 and new PE input	Codes Reported Togetl	February 2010	XXX	0.28	NA	3.55	0.07	1689219	FALSE			FALSE					TRUE	Maintain
96415	Chemotherapy administratic	Chemotherapy Administr	January 2013	29			ACRh, ASC	0.19 and new PE input	CMS High Expenditure	January 2012	ZZZ	0.19	NA	0.63	0.02	766295	FALSE			FALSE					TRUE	Maintain
96416	Chemotherapy administratic	Chemotherapy Administr	October 2010	20			ACRh, ASC	New PE inputs	Codes Reported Togetl	February 2010	XXX	0.21	NA	3.55	0.07	25003	FALSE			FALSE					TRUE	PE Only
96417	Chemotherapy administratic	Chemotherapy Administr	January 2013	29			ACRh, ASC	0.21 and new PE input	CMS High Expenditure	January 2012	ZZZ	0.21	NA	1.67	0.04	357078	FALSE			FALSE					TRUE	Maintain
96440	Chemotherapy administratic	Chemotherapy Administr	February 2008	R				New PE inputs	CMS Request - Practice	NA	000	2.12	1.68	20.28	0.14	50	FALSE			FALSE					TRUE	PE Only
96567	Photodynamic therapy by ex	Photodynamic Therapy	January 2017	16			AAD	0.00 PE Only	High Volume Growth1	February 2008	XXX	0	NA	4.20	0.01	43661	FALSE			TRUE	CPT code 96567	September 2016	78	yes	TRUE	Maintain
96573	Photodynamic therapy by ex	Photodynamic Therapy	January 2017	16			AAD	0.48	CMS High Expenditure	January 2017	000	0.48	NA	6.40	0.02	31439	FALSE			FALSE		September 2016	78	yes	TRUE	Increase
96574	Debridement of premalignar	Photodynamic Therapy	January 2017	16			AAD	1.01	CMS High Expenditure	January 2017	000	1.01	NA	7.38	0.04	47841	FALSE			FALSE		September 2016	78	yes	TRUE	Increase
96910	Photochemotherapy; tar anc	Photo-chemotherapy	April 2016	44			AAD	PE Only	CMS High Expenditure	July 2015	XXX	0	NA	3.51	0.02	312471	FALSE			FALSE					TRUE	PE Only
96920	Laser treatment for inflamm	Laser Treatment – Skin	April 2023	08			AADA	1.00	CMS Fastest Growing /	October 2008	000	1.15	0.68	3.48	0.04	88673	TRUE	Sep 2016	Yes	TRUE	In October 2015	February 2023	Withd	Surveyed for	TRUE	Decrease
96921	Laser treatment for inflamm	Laser Treatment – Skin	April 2023	08			AADA	1.07	High Volume Growth1	February 2008	000	1.3	0.76	3.77	0.06	25424	TRUE	Sep 2016	Yes	TRUE	In October 2015	February 2023	Withd	Surveyed for	TRUE	Decrease
96922	Laser treatment for inflamm	Laser Treatment – Skin	April 2023	08			AADA	1.32	High Volume Growth1	October 2008	000	2.1	1.23	4.79	0.10	14024	TRUE	Sep 2016	Yes	TRUE	In October 2015	February 2023	Withd	Surveyed for	TRUE	Decrease
97001	Physical therapy evaluation	Physical Medicine and Re	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure	September 2011							FALSE			TRUE	In Jan 2012, the	February 2015	88	Complete	TRUE	Deleted from CPT
97002	Physical therapy re-evaluatic	Physical Medicine and Re	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from CPT
97003	Occupational therapy evalua	Physical Medicine and Re	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from CPT
97004	Occupational therapy re-eva	Physical Medicine and Re	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from CPT
97010	Application of a modality to	Physical Medicine and Re	April 2017	41			No Interes	No specialty society int	Physical Medicine and	April 2016	XXX	0.06	NA	0.12	0.01	2	FALSE			FALSE					TRUE	Maintain
97012	Application of a modality to	Physical Medicine and Re	January 2017	29			APTA	0.25	Physical Medicine and	April 2016	XXX	0.25	NA	0.17	0.01	460216	FALSE			FALSE				survey existi	TRUE	Maintain
97014	Application of a modality to	Physical Medicine and Re	January 2017	29			APTA	0.18	Physical Medicine and	April 2016	XXX	0.18	NA	0.18	0.01		FALSE			FALSE				survey existi	TRUE	Maintain
97016	Application of a modality to	Physical Medicine and Re	January 2017	29			APTA	0.18	Codes Reported Togetl	February 2010	XXX	0.18	NA	0.16	0.01	896158	FALSE			FALSE				survey existi	TRUE	Maintain
97018	Application of a modality to	Physical Medicine and Re	January 2017	29			AOTA, AP	0.06	Codes Reported Togetl	February 2010	XXX	0.06	NA	0.10	0.01	144507	FALSE			FALSE				survey existi	TRUE	Maintain
97022	Application of a modality to	Physical Medicine and Re	January 2017	29			APTA	0.17	Physical Medicine and	April 2016	XXX	0.17	NA	0.33	0.01	139020	FALSE			FALSE				survey existi	TRUE	Maintain
97032	Application of a modality to	Physical Medicine and Re	January 2017	29			APTA	0.25	CMS High Expenditure	July 2015	XXX	0.25	NA	0.17	0.01	770126	FALSE			FALSE				survey existi	TRUE	Maintain
97033	Application of a modality to	Physical Medicine and Re	January 2017	29			APTA	0.26	Physical Medicine and	April 2016	XXX	0.26	NA	0.32	0.01	38829	FALSE			FALSE				survey existi	TRUE	Maintain
97034	Application of a modality to	Physical Medicine and Re	January 2017	29			APTA, AO	0.21	Physical Medicine and	April 2016	XXX	0.21	NA	0.21	0.01	6823	FALSE			FALSE				survey existi	TRUE	Maintain
97035	Application of a modality to	Physical Medicine and Re	January 2017	29			APTA	0.21	Low Value-High Volum	October 2010	XXX	0.21	NA	0.21	0.01	1485156	FALSE			FALSE				survey existi	TRUE	Maintain
97110	Therapeutic procedure, 1 or	Physical Medicine and Re	January 2017	29			AOTA, AP	0.45	Codes Reported Togetl	February 2010	XXX	0.45	NA	0.42	0.01	58730344	FALSE			FALSE				survey existi	TRUE	Maintain
97112	Therapeutic procedure, 1 or	Physical Medicine and Re	January 2017	29			APTA, AO	0.50	CMS High Expenditure	September 2011	XXX	0.5	NA	0.50	0.01	21727068	FALSE			FALSE				survey existi	TRUE	Increase
97113	Therapeutic procedure, 1 or	Physical Medicine and Re	January 2017	29			APTA	0.48	CMS High Expenditure	July 2015	XXX	0.48	NA	0.61	0.01	1526923	FALSE			FALSE				survey existi	TRUE	Increase
97116	Therapeutic procedure, 1 or	Physical Medicine and Re	January 2017	29			APTA	0.45	Codes Reported Togetl	February 2010	XXX	0.45	NA	0.42	0.01	3518965	FALSE			FALSE				survey existi	TRUE	Increase
97127	Therapeutic interventions th	Cognitive Function Interv	January 2017	29				1.50	High Volume Growth3	January 2017							FALSE			FALSE		September 2016	80	yes	TRUE	Deleted from CPT
97140	Manual therapy techniques (	Physical Medicine and Re	January 2017	29			APTA	0.43	CMS High Expenditure	September 2011	XXX	0.43	NA	0.37	0.01	27794107	FALSE			FALSE				survey existi	TRUE	Maintain
97150	Therapeutic procedure(s), gr	Physical Medicine and Re	January 2012				APTA	0.29	CMS-Other - Utilizatior	April 2011	XXX	0.29	NA	0.23	0.01	1525578	FALSE			FALSE				survey existi	TRUE	Increase
97161	Physical therapy evaluation:	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, AP	0.75	CMS High Expenditure	February 2015	XXX	1.54	NA	1.42	0.04	1457142	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97162	Physical therapy evaluation:	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, AP	1.18	CMS High Expenditure	February 2015	XXX	1.54	NA	1.42	0.04	1277916	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97163	Physical therapy evaluation:	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, AP	1.50	CMS High Expenditure	February 2015	XXX	1.54	NA	1.42	0.04	272930	FALSE			FALSE		February 2015	88	Complete	TRUE	Maintain
97164	Re-evaluation of physical the	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, AP	0.75	CMS High Expenditure	February 2015	XXX	0.96	NA	1.08	0.04	503936	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97165	Occupational therapy evalua	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, AP	0.88	CMS High Expenditure	February 2015	XXX	1.54	NA	1.42	0.04	148116	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97166	Occupational therapy evalua	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, AP	1.20	CMS High Expenditure	February 2015	XXX	1.54	NA	1.42	0.04	119073	FALSE			FALSE		February 2015	88	Complete	TRUE	Maintain
97167	Occupational therapy evalua	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, AP	1.70	CMS High Expenditure	February 2015	XXX	1.54	NA	1.42	0.04	23075	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97168	Re-evaluation of occupationa	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, AP	0.80	CMS High Expenditure	February 2015	XXX	0.96	NA	1.07	0.04	32891	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97530	Therapeutic activities, direct	Physical Medicine and Re	January 2017	29			APTA, AO	0.44	CMS High Expenditure	September 2011	XXX	0.44	NA	0.66	0.01	23945325	FALSE			FALSE				survey existi	TRUE	Maintain
97532	Development of cognitive sk	Cognitive Function Interv	January 2017	29			APTA, AO	Deleted from CPT	High Volume Growth2	April 2013							FALSE			TRUE	In April 2016 the	September 2016	80	yes	TRUE	Deleted from CPT
97533	Sensory integrative techniqu	Physical Medicine and Re	January 2017	29			APTA, AO	0.48	Physical Medicine and	April 2016	XXX	0.48	NA	1.41	0.01	41438	FALSE			FALSE				survey existi	TRUE	Increase
97535	Self-care/home managemen	Physical Medicine and Re	January 2017	29			APTA, AO	0.45	Codes Reported Togetl	October 2012	XXX	0.45	NA	0.52	0.01	2628494	TRUE	Article no lo	Yes	FALSE				survey existi	TRUE	Maintain
97537	Community/work reintegrati	Physical Medicine and Re	January 2017	29			APTA, AO	0.48	Physical Medicine and	April 2016	XXX	0.48	NA	0.46	0.01	14261	FALSE			FALSE				survey existi	TRUE	Increase
97542	Wheelchair management (eg	Physical Medicine and Re	January 2017	29			APTA, AO	0.48	High Volume Growth2	April 2013	XXX	0.48	NA	0.46	0.01	85302	FALSE			FALSE				survey existi	TRUE	Increase
97597	Debridement (eg, high press	Open Wound Debrideme	October 2018	23			AAFP, ACS	0.88	Site of Service Anomal	September 2007	000	0.77	0.22	2.18	0.06	745666	FALSE			TRUE	In January 2018, the RUC recommended th			N/A	TRUE	Increase
97598	Debridement (eg, high press	Open Wound Debrideme	October 2018	23			AAFP, ACS	0.50	Site of Service Anomal	September 2007	ZZZ	0.5	0.17	0.78	0.06	143440	FALSE			TRUE	In January 2018, the RUC recommended th			N/A	TRUE	Increase
97602	Removal of devitalized tissue	Physical Medicine and Re	April 2016	47			AAOS, ACS	Maintain	Physical Medicine and	April 2016	XXX	0	0.00	0.00	0.00		FALSE			FALSE					TRUE	Maintain
97605	Negative pressure wound th	Negative Pressure Wounc	April 2016	47			AAOS, ACS	0.55	High Volume Growth2	April 2013	XXX	0.55	0.17	0.71	0.01	45050	FALSE			FALSE					TRUE	Maintain
97606	Negative pressure wound th	Negative Pressure Wounc	April 2016	47			APMA, AC	0.60	High Volume Growth2	April 2013	XXX	0.6	0.18	0.91	0.01	16957	FALSE			FALSE					TRUE	Maintain
97607	Negative pressure wound th	Negative Pressure Wounc	April 2016	47			APMA, AC	0.11	High Volume Growth2	May 2013	XXX	0.41	0.17	10.48	0.07	8276	FALSE			FALSE					TRUE	Decrease
97608	Negative pressure wound th	Negative Pressure Wounc	April 2016	47			APMA, AC	0.46	High Volume Growth2	May 2013	XXX	0.46	0.19	10.44	0.10	1476	FALSE			FALSE					TRUE	Decrease
97610	Low frequency, non-contact,	Physical Medicine and Re	April 2016	47				Maintain	Physical Medicine and	April 2016	XXX	0.4	0.12	12.91	0.01	37545	FALSE			FALSE					TRUE	Maintain
97755	Assistive technology assessm	Physical Medicine and Re	April 2016	47			APTA, AO	Remove from screen	High Volume Growth1	February 2008	XXX	0.62	NA	0.51	0.02	3154	FALSE			FALSE					TRUE	Remove from Screen
97760	Orthotic(s) management anc	Orthotic Management an	January 2017	29			APTA, AO	0.50	Physical Medicine and	April 2016	XXX	0.5	NA	0.94	0.01	55538	FALSE			TRUE	In April 2016 the	September 2016	81	yes	TRUE	Increase
97761	Prosthetic(s) training, upper	Orthotic Management an	January 2017	29			APTA	0.50	Physical Medicine and	April 2016	XXX	0.5	NA	0.74	0.01	4165	FALSE			TRUE	In April 2016 the	September 2016	81	yes	TRUE	Increase
97762	Checkout for orthotic/prosth	Orthotic Management an	January 2017	29			APTA	Deleted from CPT	Physical Medicine and	April 2016							FALSE			TRUE	In April 2016 the	September 2016	81	yes	TRUE	Deleted from CPT
97763	Orthotic(s)/prosthetic(s) mar	Orthotic Management an	January 2017	29			APTA, AO	0.48	Physical Medicine and	April 2016	XXX	0.48	NA	1.10	0.01	39975	FALSE			FALSE					TRUE	Increase
97802	Medical nutrition therapy; ir	Medical Nutrition Therap	April 2008	53			ADA, AGA	0.53	CMS Request - Medica	NA	XXX	0.53	0.42	0.55	0.01	195588	FALSE			FALSE					TRUE	Increase
97803	Medical nutrition therapy; re	Medical Nutrition Therap	April 2008	53			ADA, AGA	0.45	CMS Request - Medica	NA	XXX	0.45	0.35	0.49	0.01	189626	FALSE			FALSE					TRUE	Increase
97810	Acupuncture, 1 or more nee	Acupuncture/Electroacup	April 2023	09	April 2029	RAW	AAFP, AAF	Flag for re-review. 0.6:	Different Performing S	September 2022	XXX	0.6	0.27	0.50	0.04	52629	FALSE			FALSE					FALSE	
97811	Acupuncture, 1 or more nee	Acupuncture/Electroacup	April 2023	09	April 2029	RAW	AAFP, AAF	Flag for re-review. 0.46	Different Performing S	September 2022	ZZZ	0.5	0.23	0.32	0.04	61711	FALSE			FALSE					FALSE	

97813	Acupuncture, 1 or more nee	Acupuncture/Electroacup	April 2023	09	April 2029	RAW	AAFP, AAF	Flag for re-review. 0.7	Different Performing S	September 2022	XXX	0.65	0.30	0.66	0.04	46894	FALSE			FALSE							FALSE		
97814	Acupuncture, 1 or more nee	Acupuncture/Electroacup	April 2023	09	April 2029	RAW	AAFP, AAF	Flag for re-review. 0.4	Different Performing S	September 2022	ZZZ	0.55	0.25	0.51	0.04	55554	FALSE			FALSE							FALSE		
98925	Osteopathic manipulative tr	Osteopathic Manipulative	February 2011	34			AOA	0.50	Harvard Valued - Utiliz	February 2010	000	0.46	0.19	0.43	0.04	43697	FALSE			FALSE							TRUE	Increase	
98926	Osteopathic manipulative tr	Osteopathic Manipulative	February 2011	34			AOA	0.75	Harvard Valued - Utiliz	October 2009	000	0.71	0.28	0.58	0.04	84547	FALSE			FALSE							TRUE	Increase	
98927	Osteopathic manipulative tr	Osteopathic Manipulative	February 2011	34			AOA	1.00	Harvard Valued - Utiliz	October 2009	000	0.96	0.35	0.72	0.04	81029	FALSE			FALSE							TRUE	Increase	
98928	Osteopathic manipulative tr	Osteopathic Manipulative	February 2011	34			AOA	1.25	Harvard Valued - Utiliz	February 2010	000	1.21	0.44	0.84	0.07	84113	FALSE			FALSE							TRUE	Increase	
98929	Osteopathic manipulative tr	Osteopathic Manipulative	February 2011	34			AOA	1.50	Harvard Valued - Utiliz	February 2010	000	1.46	0.52	0.95	0.08	75926	FALSE			FALSE							TRUE	Increase	
98940	Chiropractic manipulative tr	Chiropractic Manipulative	October 2012	25			ACA	0.46	CMS High Expenditure	September 2011	000	0.46	0.18	0.35	0.01	4519636	FALSE			FALSE							TRUE	Increase	
98941	Chiropractic manipulative tr	Chiropractic Manipulative	October 2012	25			ACA	0.71	CMS High Expenditure	September 2011	000	0.71	0.28	0.46	0.01	12786088	FALSE			FALSE							TRUE	Increase	
98942	Chiropractic manipulative tr	Chiropractic Manipulative	October 2012	25			ACA	0.96	CMS High Expenditure	September 2011	000	0.96	0.38	0.56	0.01	939532	FALSE			FALSE							TRUE	Increase	
98943	Chiropractic manipulative tr	Chiropractic Manipulative	October 2012	25			ACA	0.46	CMS High Expenditure	September 2011	XXX	0.46	0.18	0.28	0.04		FALSE			FALSE							TRUE	Increase	
99143	Deleted from CPT	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	Deleted from CPT	Moderate Sedation Re	January 2014							FALSE			FALSE							TRUE	Deleted from CPT	
99144	Deleted from CPT	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	Deleted from CPT	Moderate Sedation Re	January 2014							FALSE			FALSE							TRUE	Deleted from CPT	
99148	Deleted from CPT	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	Deleted from CPT	Moderate Sedation Re	January 2014							FALSE			FALSE							TRUE	Deleted from CPT	
99149	Deleted from CPT	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	Deleted from CPT	Moderate Sedation Re	January 2014							FALSE			FALSE							TRUE	Deleted from CPT	
99150	Deleted from CPT	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	Deleted from CPT	Moderate Sedation Re	January 2014							FALSE			FALSE							TRUE	Deleted from CPT	
99151	Moderate sedation services	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	0.50	Moderate Sedation Re	January 2014	XXX	0.5	0.18	1.26	0.04	4	FALSE			FALSE							TRUE	Maintain	
99152	Moderate sedation services	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	0.25	Moderate Sedation Re	January 2014	XXX	0.25	0.08	1.21	0.04	1665477	FALSE			FALSE							TRUE	Maintain	
99155	Moderate sedation services	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	1.90	Moderate Sedation Re	January 2014	XXX	1.9	0.34	NA	0.20	4	FALSE			FALSE							TRUE	Maintain	
99156	Moderate sedation services	Moderate Sedation Servic	October 2015	14		RUC	AAP, AAO	1.84	Moderate Sedation Re	January 2014	XXX	1.65	0.41	NA	0.18	7805	FALSE			FALSE							TRUE	Maintain	
99174	Instrument-based ocular scr	Instrument-Based Ocular	September 2014	09			AAP, AAO	PE Only	CMS Request - Practice	NA	XXX	0	NA	0.17	0.01		FALSE			TRUE	CMS requested i	May 2014	24	Complete	TRUE	PE Only			
99177	Instrument-based ocular scr	Instrument-Based Ocular	September 2014	09				PE Only	CMS Request - Practice	May 2014	XXX	0	NA	0.13	0.01		FALSE			TRUE		May 2014	24	Complete	TRUE	PE Only			
99183	Physician or other qualified l	Hyperbaric Oxygen Under	January 2023	16	January 2024		AAFP, UHI	Refer to CPT. 2.11	CMS-Other - Utilizatior	April 2013	XXX	2.11	0.77	0.77	0.26	316560	FALSE			TRUE	In January 2023,	September 2023					TRUE	Decrease	
99281	Emergency department visit	ED Visits	April 2018	29			AAP, ACEF	0.48	CMS Request - Final Ru	June 2017	XXX	0.25	0.06	NA	0.04	53497	FALSE			FALSE							TRUE	Increase	
99282	Emergency department visit	ED Visits	April 2018	29			AAP, ACEF	0.93	CMS Request - Final Ru	June 2017	XXX	0.93	0.21	NA	0.10	286892	FALSE			FALSE							TRUE	Increase	
99283	Emergency department visit	ED Visits	April 2018	29			AAP, ACEF	1.42	CMS Request - Final Ru	June 2017	XXX	1.6	0.35	NA	0.18	1962566	FALSE			FALSE							TRUE	Increase	
99284	Emergency department visit	ED Visits	April 2018	29			AAP, ACEF	2.60	CMS Request - Final Ru	June 2017	XXX	2.74	0.57	NA	0.27	4022787	FALSE			FALSE							TRUE	Increase	
99285	Emergency department visit	ED Visits	April 2018	29			AAP, ACEF	3.80	CMS Request - Final Ru	June 2017	XXX	4	0.79	NA	0.42	9200375	FALSE			FALSE							TRUE	Maintain	
99358	Prolonged evaluation and m	Prolonged Services - With	October 2021	14			AAFP, AAF	1.80	CMS Request - Final Ru	November 2019	XXX	1.8	0.71	0.75	0.18	319221	FALSE			TRUE	In October 2020	February 2021	11	complete	TRUE	Decrease			
99359	Prolonged evaluation and m	Prolonged Services - With	October 2021	14			AAFP, AAF	0.75	CMS Request - Final Ru	November 2019	ZZZ	0.75	0.45	0.45	0.07	12035	FALSE			TRUE	In October 2020	February 2021	11	complete	TRUE	Decrease			
99363	Anticoagulant management	Home INR Monitoring	January 2017	19				Deleted from CPT	High Volume Growth3	September 2016							FALSE			FALSE		September 2016	08	yes	TRUE	Deleted from CPT			
99364	Anticoagulant management	Home INR Monitoring	January 2017	19				Deleted from CPT	High Volume Growth3	September 2016							FALSE			FALSE		September 2016	08	yes	TRUE	Deleted from CPT			
99375	Supervision of a patient und	Home Healthcare Supervi	April 2016	47			No Interes	RUC recommended to	CMS-Other - Utilizatior	April 2016	XXX	1.73	0.67	1.16	0.10		FALSE			FALSE							TRUE	Remove from Screen	
99378	Supervision of a hospice pati	Home Healthcare Supervi	April 2016	47			No Interes	RUC recommended to	CMS-Other - Utilizatior	April 2016	XXX	1.73	0.67	1.16	0.10		FALSE			FALSE							TRUE	Remove from Screen	
99415	Prolonged clinical staff servi	Prolonged Services - Clini	April 2021	15			AAHPM, A	New PE Inputs	CMS Request - Final Rule for 2020		ZZZ	0	NA	0.55	0.01	7814	FALSE			TRUE	In October 2020	February 2022	08	complete	TRUE	PE Only			
99416	Prolonged clinical staff servi	Prolonged Services - Clini	April 2021	15			AAHPM, A	New PE Inputs	CMS Request - Final Rule for 2020		ZZZ	0	NA	0.25	0.01	5743	FALSE			TRUE	In October 2020	February 2022	08	complete	TRUE	PE Only			
99417	Prolonged outpatient evalua	Prolonged Services - on tl	January 2022	15			AAFP, AAF	0.61	CMS Request - Final Ru	November 2021	ZZZ	0.61	0.24	0.27	0.04	1	FALSE			FALSE		February 2021	11	complete	TRUE	Maintain			
99418	Prolonged inpatient or obse	Prolonged Services - on tl	January 2022	15			AAHPM, A	0.81	CMS Request - Final Ru	February 2021	ZZZ	0.81	0.31	NA	0.04		FALSE			FALSE		February 2021	11	complete	TRUE	Increase			
99457	Remote physiologic monitor	RAW	September 2022	13	April 2024	RAW	AAFP, ACC	Review action plan.	Different Performing S	April 2022	XXX	0.61	0.24	0.79	0.04	929385	FALSE			FALSE							FALSE		
99492	Initial psychiatric collaborati	Psychiatric Collaborative (	April 2023	15			AACAP, AA	Maintain, remove from	Work Neutrality 2018	October 2019	XXX	1.88	0.74	2.45	0.12	10740	FALSE			FALSE							TRUE	Maintain	
99493	Subsequent psychiatric colla	Psychiatric Collaborative (	April 2023	15			AACAP, AA	Maintain, remove from	Work Neutrality 2018	October 2019	XXX	2.05	0.82	2.04	0.12	33086	FALSE			FALSE							TRUE	Maintain	
99494	Initial or subsequent psychia	Psychiatric Collaborative (	April 2023	15			AACAP, AA	Maintain, remove from	Work Neutrality 2018	October 2019	ZZZ	0.82	0.32	0.83	0.06	20625	FALSE			FALSE							TRUE	Maintain	
99495	Transitional care manageme	Transitional Care Manage	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CM	October 2021	XXX	2.78	1.17	3.10	0.18	625395	FALSE			FALSE							TRUE	Increase	
99496	Transitional care manageme	Transitional Care Manage	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CM	October 2021	XXX	3.79	1.59	4.17	0.25	613997	FALSE			FALSE							TRUE	Increase	
99497	Advance care planning inclu	Advance Care Planning	April 2022	10			AAHPM, C	1.50	CPT Assistant Analysis	January 2014	XXX	1.5	0.63	0.85	0.10	2057930	TRUE	Dec 2014	Yes	FALSE							TRUE	Maintain	
99498	Advance care planning inclu	Advance Care Planning	April 2022	10			AAHPM, C	1.40	CPT Assistant Analysis	January 2014	ZZZ	1.4	0.61	0.62	0.10	62186	TRUE	Dec 2014	Yes	FALSE							TRUE	Maintain	
0042T	Cerebral perfusion analysis u	RAW	September 2022	13	September 2023	RUC	ACR, ASNF	Refer to CPT	High Volume Category	April 2022	XXX	0	0.00	0.00	0.00	32146	FALSE			TRUE	In April 2022, th	September 2023					FALSE		
0054T	Computer-assisted musculos	RAW	September 2022	13	April 2024	RAW	AAOS, NA	Review action plan	High Volume Category	April 2022	XXX	0	0.00	0.00	0.00	3790	FALSE			FALSE							FALSE		
0055T	Computer-assisted musculos	RAW	September 2022	13	April 2024	RAW	AAOS, NA	Review action plan	High Volume Category	April 2022	XXX	0	0.00	0.00	0.00	8113	FALSE			FALSE							FALSE		
0101T	Extracorporeal shock wave i	RAW	April 2023	15	September 2023	RAW		Action Plan	High Volume Category	April 2023	XXX	0	0.00	0.00	0.00	2482	FALSE			FALSE							FALSE		
0191T	Insertion of anterior segmen	Cataract Removal with Dr	January 2021	16			AAO	Deleted from CPT	High Volume Category	October 2019	XXX					57554	FALSE			FALSE	At the April 201	October 2020	37	complete	TRUE	Deleted from CPT			
0232T	Injection(s), platelet rich pla	RAW	September 2022	13	April 2024	RAW	AAOS, AA	Review action plan	High Volume Category	April 2022	XXX	0	0.00	0.00	0.00	2835	FALSE			FALSE							FALSE		
0275T	Percutaneous laminotomy/laminectomy (interlaminar		January 2020	37				Maintain	High Volume Category	October 2019	YYY	0	0.00	0.00	0.00	6641	FALSE			FALSE							TRUE	Maintain	
0330T	Tear film imaging, unilateral	RAW	April 2023	15	September 2023	RAW		Action Plan	High Volume Category	April 2023	YYY	0	0.00	0.00	0.00	1305	FALSE			FALSE							FALSE		
0358T	Bioelectrical impedance ana	RAW	April 2023	15	September 2023	RAW		Action Plan	High Volume Category	April 2023	YYY	0	0.00	0.00	0.00	3289	FALSE			FALSE							FALSE		
0376T	Insertion of anterior segmen	Cataract Removal with Dr	January 2021	16			AAO	Deleted from CPT	High Volume Category	October 2019	XXX					10561	FALSE			TRUE	At the April 201	October 2020	37	complete	TRUE	Deleted from CPT			
0379T	Visual field assessment, with concurrent real time data		January 2020	37	September 2023	RAW		Review in 3 years (Sept	High Volume Category	October 2019	XXX	0	0.00	0.00	0.00	48918	FALSE			FALSE							FALSE		
0394T	High dose rate electronic brachytherapy, skin surface a		January 2020	37	September 2023	RAW		Review in 3 years (Sept	High Volume Category	October 2019	XXX	0	0.00	0.00	0.00	29188	FALSE			FALSE							FALSE		
0421T	Transurethral waterjet ablati	RAW	April 2023	15	September 2023	RAW		Action Plan	High Volume Category	April 2023	XXX	0	0.00	0.00	0.00	1237	FALSE			FALSE							FALSE		
0446T	Creation of subcutaneous pc	Insertion/ Removal of Imp	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Ru	November 2019	000	1.14	0.45	93.00	0.07	51	FALSE			FALSE	In the CY 2020 F	February 2021	46	Renewed 5 y	TRUE	Contractor Price			
0447T	Removal of implantable inte	Insertion/ Removal of Imp	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Ru	November 2019	000	1.34	0.53	1.52	0.08	19	FALSE			TRUE	In the CY 2020 F	February 2021	46	Renewed 5 y	TRUE	Contractor Price			
0448T	Removal of implantable inte	Insertion/ Removal of Imp	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Ru	November 2019	000	1.91	0.76	91.72	0.11	43	FALSE			TRUE	In the CY 2020 F	February 2021	46	Renewed 5 y	TRUE	Contractor Price			
0449T	Insertion of aqueous drainage device, without extraoc		January 2020	37				Maintain	High Volume Category	October 2019	YYY	0	0.00	0.00	0.00	3088	FALSE			FALSE							TRUE	Maintain	
0474T	Insertion of anterior segment aqueous drainage device		January 2020	37				Maintain	High Volume Category	October 2019	XXX	0	0.00	0.00	0.00	1	FALSE			FALSE							TRUE	Maintain	
0507T	Near infrared dual imaging (I	RAW	September 2022	13	April 2025	RAW	AAO, AOA	Review action plan	High Volume Category	April 2022	XXX	0	NA	0.00	0.00	5605	FALSE			FALSE							FALSE		
0509T	Electroretinography (erg) wi	Electroretinography	January 2021	29	January 2024	RAW		Review action plan	Work Neutrality 2019	October 2020	XXX	0.4	NA	1.83	0.02	17553	FALSE			FALSE							FALSE	Remove from Screen	
0598T	Noncontact real-time fluores	RAW	April 2023	15	September 2023	RAW		Action Plan	High Volume Category	April 2023	YYY	0	0.00	0.00	0.00	5528	FALSE			FALSE							FALSE		
0671T	Insertion of anterior segmen	Cataract Removal with Dr	January 2021	16			AAO	Contractor Price	High Volume Category	January 2021	YYY	0	0.00	0.00	0.00		FALSE			FALSE		October 2020	37	complete	TRUE	Contractor Price			
3X008	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
3X009	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
3X010	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
3X011	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
3X012	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
3X013	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
3X014	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
3X015	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
64XX2	Spinal Neurostimulator		September 2022	04	April 2028	RAW	AAPM, AS	Review action plan. Co	Contractor Price-Surve	September 2022							FALSE			FALSE							FALSE	Contractor Price	
64XX3	Spinal Neurostimulator		September 2022	04	April 2028	RAW	AAPM, AS	Review action plan. Co	Contractor Price-Surve	September 2022							FALSE			FALSE							FALSE	Contractor Price	
64XX4	Spinal Neurostimulator		September 2022	04	April 2028	RAW	AAPM, AS	Review action plan. Co	Contractor Price-Surve	September 2022							FALSE			FALSE							FALSE	Contractor Price	
7X000	Intraoperative Ultrasounc		September 2022	05			AATS, ACC	0.60	CMS-Other - Utilizatior	May 2022							FALSE			FALSE							TRUE	Decrease	
7X001	Intraoperative Ultrasounc		September 2022	05			AATS, ACC	1.90	CMS-Other - Utilizatior	May 2022							FALSE			FALSE							TRUE	Decrease	
7X002	Intraoperative Ultrasounc		September 2022	05			AATS, ACC	1.20	CMS-Other - Utilizatior	May 2022							FALSE			FALSE							TRUE	Decrease	
7X003	Intraoperative Ultrasounc		September 2022	05			AATS, ACC	1.55	CMS-Other - Utilizatior	May 2022							FALSE			FALSE							TRUE	Decrease	
9X036	Pelvic Exam (PE Only)		January 2023	13			AAFP, ACC	PE Inputs	Gender Equity Paymen	April 2022							FALSE			TRUE	In response to th	September 2022	10	complete	TRUE	PE Only			
9X045	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
9X046	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
9X047	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
9X048	Phrenic Nerve Stimulation		January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023							FALSE			FALSE							FALSE		
G0008	Administration of influenza v	Immunization Administra	April 2021	19			AAFP, AAF	0.17	CMS Request-Final Rul	July 2020	XXX	0	0.00	0.00	0.00		FALSE			FALSE							TRUE	Maintain	
G0009	Administration of pneumocc	Immunization Administra	April 2021	19			AAFP, AAF	0.17	CMS Request-Final Rul	July 2020	XXX	0	0.00	0.00	0.00		FALSE			FALSE							TRUE	Maintain	
G0010	Administration of hepatitis b	Immunization Administra	April 2021	19			AAFP, AAF	0.17	CMS Request-Final Rul	July 2020	XXX	0	0.00	0.00	0.00		FALSE			FALSE							TRUE	Maintain	
G0101	Cervical or vaginal cancer screening; pelvic and clinical		October 2016	35			ACOG	Remove from screen	Low Value-High Volum	October 2010	XXX	0.45	0.30	0.65	0.07	838279	FALSE			FALSE							TRUE	Remove from Screen	
G0102	Prostate cancer screening; d	RAW	January 2017	30				Remove from screen	High Volume Growth4	October 2016	XXX	0.18	0.07	0.50	0.01	16666	FALSE			FALSE							TRUE	Remove from Screen	
G0104	Colorectal cancer screening;	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGI	0.84	MPC List	January 2014	000	0.84	0.70	4.64	0.11	2780	FALSE			FALSE		October 2013	16	Complete	TRUE	Decrease			

G0105	Colorectal cancer screening; Colonoscopy	September 2022	13			AGA, ASGI	3.36	MPC List / CMS-Other	September 2011	000	3.26	1.74	6.51	0.42	257961	FALSE			FALSE					TRUE	Decrease
G0108	Diabetes outpatient self-mar	Diabetes Management Tr	April 2017	41iv			AND	0.90	CMS-Other - Utilizatior	April 2016	XXX	0.9	NA	0.68	0.04	155271	FALSE			FALSE					TRUE	Maintain
G0109	Diabetes outpatient self-mar	Diabetes Management Tr	April 2017	41iv			AND	0.25	CMS-Other - Utilizatior	April 2016	XXX	0.25	NA	0.20	0.01	36224	FALSE			FALSE					TRUE	Maintain
G0121	Colorectal cancer screening; Colonoscopy	September 2022	13			AGA, ASGI	3.36	MPC List /CMS-Other L	September 2011	000	3.26	1.74	6.51	0.43	173331	FALSE			FALSE					TRUE	Decrease
G0124	Screening cytopathology, cer	Cytopathology Cervical/V	April 2018	26			CAP	0.42	CMS-Other - Utilizatior	October 2017	XXX	0.26	0.41	0.41	0.01	42486	FALSE			FALSE					TRUE	Maintain
G0127	Trimming of dystrophic nails, any number	September 2011	51			APMA	Remove from screen	CMS-Other - Utilizatior	April 2011	000	0.17	0.04	0.52	0.01	1094310	FALSE			FALSE					TRUE	Remove from Screen
G0141	Screening cytopathology sm	Cytopathology Cervical/V	April 2018	26			CAP	0.42	CMS-Other - Utilizatior	October 2017	XXX	0.26	0.41	0.41	0.01	2482	FALSE			FALSE					TRUE	Maintain
G0166	External counterpulsation, p	External Counterpulsatior	October 2019	14			ACC	0.00 (PE Only)	CMS-Other - Utilizatior	April 2016	XXX	0	NA	3.08	0.04	56720	FALSE			FALSE					TRUE	PE Only
G0168	Wound closure utilizing tissu	Skin Adhesives (PE Only)	April 2023	07			ACEP	New PE inputs. 0.45	CMS 000-Day Global Ty	July 2016	000	0.31	0.07	3.35	0.06	34363	FALSE			FALSE					TRUE	Maintain
G0179	Physician or allowed practiti	Physician Recertification	April 2016	47			No Interes	RUC recommended to	CMS Fastest Growing /	October 2008	XXX	0.45	NA	0.74	0.04	709965	FALSE			FALSE					TRUE	Remove from Screen
G0180	Physician or allowed practiti	Physician Recertification	April 2016	47			No Interes	RUC recommended to	CMS Fastest Growing /	October 2008	XXX	0.67	NA	0.84	0.04	1039293	FALSE			FALSE					TRUE	Remove from Screen
G0181	Physician or allowed practiti	Home Healthcare Supervi	April 2016	47			No Interes	Recommend deletion a	CMS Fastest Growing /	October 2008	XXX	1.73	NA	1.24	0.11	394397	FALSE			FALSE					TRUE	Remove from Screen
G0182	Physician supervision of a pa	Home Healthcare Supervi	April 2016	47			No Interes	Recommend deletion a	CMS-Other - Utilizatior	April 2016	XXX	1.73	NA	1.26	0.11	32082	FALSE			FALSE					TRUE	Remove from Screen
G0202	Screening mammography, bi	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing /	February 2008							FALSE			TRUE	In the NPRM for October 2015	38	Complete	TRUE	Deleted from CPT
G0204	Diagnostic mammography, in	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing /	February 2008							FALSE			TRUE	In the NPRM for October 2015	38	Complete	TRUE	Deleted from CPT
G0206	Therapeutic procedures to in	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing /	February 2008							FALSE			TRUE	In the NPRM for October 2015	38	Complete	TRUE	Deleted from CPT
G0237	Therapeutic procedures to in	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen -	CMS Fastest Growing	February 2008	XXX	0	NA	0.31	0.01	14173	FALSE			FALSE					TRUE	Remove from Screen
G0238	Therapeutic procedures to in	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen -	CMS Fastest Growing	February 2008	XXX	0	NA	0.30	0.01	28603	FALSE			FALSE					TRUE	Remove from Screen
G0248	Demonstration, prior to initi	Home INR Monitoring	January 2017	19			ACC	Created Category I cod	High Volume Growth3	January 2016	XXX	0	NA	2.87	0.04	20817	FALSE			TRUE	In October 2015 September 2016	08	yes	TRUE	Deleted from CPT
G0249	Provision of test materials ar	Home INR Monitoring	January 2017	19			ACC	Created Category I cod	CMS Fastest Growing /	February 2008	XXX	0	NA	2.00	0.01	1046142	FALSE			TRUE	In October 2015 September 2016	08	yes	TRUE	Deleted from CPT
G0250	Physician review, interpretat	Home INR Monitoring	January 2017	19			ACC	Created Category I cod	CMS Fastest Growing /	February 2008	XXX	0.18	NA	0.07	0.01	146366	FALSE			TRUE	In October 2015 September 2016	08	yes	TRUE	Deleted from CPT
G0268	Removal of impacted cerum	Removal of Impacted Cer	April 2017	35			AAO-HNS	0.61	CMS Fastest Growing /	October 2008	000	0.61	0.29	0.87	0.10	157400	FALSE			FALSE					TRUE	Maintain
G0270	Medical nutrition therapy; re	Medical Nutrition Therap	January 2019	37			ADA	Maintain/Remove fron	CMS Fastest Growing	February 2008	XXX	0.45	0.35	0.49	0.01	76830	FALSE			FALSE					TRUE	Maintain
G0277	Hyperbaric oxygen under pr	Hyperbaric Oxygen Under	January 2023	16	January 2024	RUC	AAFP, UHI	Refer to CPT. PE Inputs	High Volume Growth8	April 2022	XXX	0	NA	5.06	0.02	139997	FALSE			TRUE	In January 2023, September 2023			FALSE	PE Only
G0279	Diagnostic digital breast tom	RAW	January 2018	31				Recommend CMS dele	CMS-Other - Utilizatior	October 2017	ZZZ	0.6	NA	0.94	0.04	899600	FALSE			FALSE					TRUE	Remove from Screen
G0283	Electrical stimulation (unatte	Physical Medicine and Re	January 2017	29			APTA	0.18	Low Value-High Volum	October 2010	XXX	0.18	NA	0.17	0.01	5967264	FALSE			FALSE					TRUE	Maintain
G0296	Counseling visit to discuss ne	Counseling Visit for Lung	January 2022	20				Maintain	CMS-Other - Utilizatior	January 2019	XXX	0.52	0.20	0.28	0.04	48793	FALSE			FALSE					TRUE	Maintain
G0297	Low dose ct scan (ldct) for lu	Screening CT of Thorax	October 2019	07				CMS Deleted for 2021.	CMS-Other - Utilizatior	October 2018							FALSE			TRUE	In October 2018 May 2019	12	Complete	TRUE	Deleted from CPT
G0364	Bone marrow aspiration per	RAW	January 2018	31				Deleted from CPT	CMS-Other - Utilizatior	October 2017							FALSE			FALSE					TRUE	Deleted from CPT
G0365	Vessel mapping of vessels fo	Duplex Scan Arterial Inflo	January 2019	17			ACR, SIR, S	Deleted from CPT	CMS-Other - Utilizatior	October 2017							FALSE			TRUE	In October 2017 September 2018	36	complete	TRUE	Deleted from CPT
G0389	Ultrasound b-scan and/or re	Abdominal Aorta Ultraso	October 2015	12			ACC, ACP,	CPT Assistant article pu	Final Rule for 2015 / Hi	July 2014							TRUE	Jan 2017	yes	TRUE	When Medicare May 2015	23	Complete	TRUE	Deleted from CPT
G0396	Alcohol and/or substance (other than tobacco) misuse	January 2018	31			AAFP, ASA	Refer to CPT	CMS-Other - Utilizatior	October 2017	XXX	0.65	0.24	0.34	0.04	58365	FALSE			TRUE	In October 2017 Time Uncertain			FALSE	
G0399	Home sleep test (hst) with ty	RAW	September 2022	13			AASM, AT	Requested CMS delete	High Volume Growth5	October 2018	XXX	0	NA	0.00	0.00	106535	FALSE			FALSE					TRUE	Deleted from CPT
G0402	Initial preventive physical ex	Initial Preventive Exam	October 2016	35			No Special	RUC recommended to	CMS-Other - Utilizatior	April 2016	XXX	2.6	1.10	2.14	0.18	501570	FALSE			FALSE					TRUE	Maintain
G0403	Electrocardiogram, routine e	EKG for Initial Preventive	October 2016	35			No Special	RUC recommended to	CMS-Other - Utilizatior	April 2016	XXX	0.17	NA	0.24	0.02	111713	FALSE			FALSE					TRUE	Maintain
G0407	Follow-up inpatient consultation, intermediate, physici	April 2021	24	April 2025	RAW	AAN, ANA	Review in April 2025 o	CMS-Other - Utilizatior	October 2020	XXX	1.39	0.63	NA	0.12	36642	FALSE			FALSE					FALSE	
G0408	Follow-up inpatient consultation, complex, physicians	April 2021	24	April 2025	RAW	AAN, ANA	Review in April 2025 o	CMS-Other - Utilizatior	October 2020	XXX	2	0.94	NA	0.18	25924	FALSE			FALSE					FALSE	
G0416	Surgical pathology, gross an	Prostate Biopsy - Patholo	October 2015	16		RUC	ASC, CAP	4.00	Final Rule for 2015	July 2014	XXX	3.6	NA	7.02	0.10	126159	FALSE			FALSE					TRUE	Increase
G0422	Intensive cardiac rehabilitation; with or without contin	January 2021	29				Maintain	CMS-Other - Utilizatior	October 2020	XXX	1.81	1.67	1.67	0.07	31047	FALSE			FALSE					TRUE	Remove from Screen
G0423	Intensive cardiac rehabilitation; with or without contin	January 2021	29				Maintain	CMS-Other - Utilizatior	October 2020	XXX	1.81	1.87	1.67	0.07	40257	FALSE			FALSE					TRUE	Remove from Screen
G0425	Telehealth consultation, em	Telehealth Consultations	January 2023	17	April 2025	RAW		No recommendation. F	CMS-Other - Utilizatior	April 2022	XXX	1.92	0.65	NA	0.18	29684	FALSE			FALSE					FALSE	
G0426	Telehealth consultation, em	Telehealth Consultations	January 2023	17	April 2025	RAW		No recommendation. F	CMS-Other - Utilizatior	September 2022	XXX	2.61	1.03	NA	0.22	27990	FALSE			FALSE					FALSE	
G0427	Telehealth consultation, em	Telehealth Consultations	January 2023	17	April 2025	RAW		No recommendation. F	CMS-Other - Utilizatior	September 2022	XXX	3.86	1.37	NA	0.26	18231	FALSE			FALSE					FALSE	
G0436	Smoking and tobacco cessati	RAW	October 2016	35		RUC		Deleted from CPT	CMS-Other - Utilizatior	April 2016							FALSE			FALSE					TRUE	Deleted from CPT
G0438	Annual wellness visit; includ	RAW	April 2016	47			No Interes	RUC recommended to	CMS-Other - Utilizatior	April 2013	XXX	2.6	NA	2.13	0.18	818777	FALSE			FALSE					TRUE	Remove from Screen
G0439	Annual wellness visit, includ	RAW	April 2016	47			No Interes	RUC recommended to	CMS-Other - Utilizatior	April 2013	XXX	1.92	NA	1.80	0.12	8977883	FALSE			FALSE					TRUE	Remove from Screen
G0442	Annual alcohol misuse scree	Annual Alcohol Screening	April 2023	10	September 2023	RUC	AAFP, ACF	Continue Survey for Se	CMS-Other - Utilizatior	April 2016	XXX	0.18	0.08	0.36	0.01	815675	FALSE			FALSE					FALSE	Maintain
G0443	Brief face-to-face behavioral	Annual Alcohol Screening	April 2023	10	September 2023	RUC	AAFP, ACF	Continue Survey for Se	High Volume Growth8	September 2022	XXX	0.45	0.19	0.27	0.04	2218	FALSE			FALSE					FALSE	
G0444	Annual depression screenin	Annual Depression Scree	April 2023	11	September 2023	RUC	AAFP, ACF	Continue Survey for Se	CMS-Other - Utilizatior	April 2016	XXX	0.18	0.08	0.36	0.01	2142759	FALSE			FALSE					FALSE	Maintain
G0445	High intensity behavioral co	Behavioral Counseling/Th	April 2023	12	September 2023	RUC	AAFP, ACF	Continue Survey for Se	High Volume Growth8	September 2022	XXX	0.45	0.18	0.30	0.04	1721	FALSE			FALSE					FALSE	
G0446	Annual, face-to-face intensiv	Behavioral Counseling/Th	April 2023	12	September 2023	RUC	AAFP, ACF	Continue Survey for Se	CMS-Other - Utilizatior	October 2017	XXX	0.45	0.19	0.28	0.04	290059	FALSE			FALSE					FALSE	Maintain
G0447	Face-to-face behavioral cour	Behavioral Counseling/Th	April 2023	12	September 2023	RUC	AAFP, ACF	Continue Survey for Se	CMS-Other - Utilizatior	April 2016	XXX	0.45	0.19	0.27	0.04	289558	FALSE			FALSE					TRUE	Maintain
G0452	Molecular pathology proced	Molecular Pathology Inte	October 2019	13				0.93	CMS-Other - Utilizatior	October 2018	XXX	0.93	NA	0.51	0.03	166431	FALSE			FALSE					TRUE	Increase
G0453	Continuous intraoperative n	RAW	October 2016	35				Remove from screen	CMS-Other - Utilizatior	April 2016	XXX	0.6	0.30	NA	0.04	373272	FALSE			FALSE					TRUE	Remove from Screen
G0456	Negative pressure wound th	Negative Pressure Wounc	January 2014	17				RUC recommended to	CMS Request - Final Ru	November 2012							FALSE			TRUE	In January 2013, May 2013	28	Complete	TRUE	Deleted from CPT
G0457	Negative pressure wound th	Negative Pressure Wounc	January 2014	17				RUC recommended to	CMS Request - Final Ru	November 2012							FALSE			TRUE	In January 2013, May 2013	28	complete	TRUE	Deleted from CPT
G0500	Moderate sedation services provided by the same phy	January 2021	29				Maintain	CMS-Other - Utilizatior	October 2020	XXX	0.1	0.04	1.55	0.02	325088	FALSE			FALSE					TRUE	Remove from Screen
G0506	Comprehensive assessment of and care planning for p	October 2021	20				Requested CMS Delete	CMS-Other - Utilizatior	October 2020	ZZZ	0.87	0.37	0.90	0.06	94929	FALSE			FALSE					TRUE	Request CMS Delete
G0516	Insertion of non-biodegradal	Skin Adhesives (PE Only)	April 2023	07			No Interes	New PE Inputs	PE Skin Adhesives	January 2023	000	1.82	0.93	4.01	0.11	7	FALSE			FALSE					TRUE	PE Only
G0517	Removal of non-biodegradat	Skin Adhesives (PE Only)	April 2023	07			No Interes	New PE Inputs	PE Skin Adhesives	January 2023	000	2.1	1.03	4.36	0.12	2	FALSE			FALSE					TRUE	PE Only
G0518	Removal with reinsertion, nc	Skin Adhesives (PE Only)	April 2023	07			No Interes	New PE Inputs	PE Skin Adhesives	January 2023	000	3.55	1.59	7.78	0.20		FALSE			FALSE					TRUE	PE Only
G2010	Remote evaluation of record	RAW	September 2022	13			AADA, AA	Requested CMS delete	CMS-Other - Utilizatior	April 2022	XXX	0.18	0.08	0.17	0.01	7599	FALSE			TRUE	In April 2022, th	February 2023		complete	TRUE	Request CMS Delete
G2012	Brief communication techno	Telemedicine Evaluation a	April 2023	06				Requested CMS delete	CMS-Other - Utilizatior	April 2022	XXX	0.25	0.10	0.15	0.02	198513	FALSE			TRUE	In April 2022, th	February 2023	42	complete	TRUE	Request CMS Delete
G2066	Interrogation device evaluat	Remote Interrogation Dev	January 2023	20			ACC, HRS	PE Inputs	Contractor Priced High	April 2022	XXX	0	0.00	0.00	0.00	1090278	FALSE			FALSE					TRUE	PE Only
G2252	Brief communication techno	Telemedicine Evaluation a	April 2023	06				Requested CMS Delete	Added as part of the fa	April 2023	XXX	0.5	0.21	0.25	0.04	4725	FALSE			FALSE					TRUE	Request CMS Delete
G6001	Ultrasonic guidance for placement of radiation therap	April 2022	16	April 2024	RAW	AADA, AS	Review in 2 years	CMS-Other - Utilizatior	October 2020	XXX	0.58	NA	4.78	0.03	151321	FALSE			FALSE	The RUC identified G6001 via the CMS/Other Source Uti				FALSE	
G6002	Stereoscopic x-ray guidance for localization of target v	January 2018	31				Remove from screen	CMS-Other - Utilizatior	October 2017	XXX	0.39	NA	1.81	0.03	968239	FALSE			FALSE					TRUE	Remove from Screen
G6012	Radiation treatment delivery,3 or more separate treat	January 2021	29	September 2023	RAW		Review action plan	CMS-Other - Utilizatior	October 2020	XXX	0	NA	7.01	0.02	306208	FALSE			FALSE					FALSE	
G6013	Radiation treatment delivery,3 or more separate treat	January 2021	29	September 2023	RAW		Review action plan	CMS-Other - Utilizatior	October 2020	XXX	0	NA	7.03	0.02	162847	FALSE			FALSE					FALSE	
G6014	Radiation treatment delivery	RAW	October 2019	17				Remove from screen	CMS-Other - Utilizatior	January 2019	XXX	0	NA	6.99	0.02	11600	FALSE			FALSE					TRUE	Remove from screen
G6015	Intensity modulated treatment delivery, single or mult	January 2021	29	September 2023	RAW		Review action plan	CMS-Other - Utilizatior	October 2020	XXX	0	NA	10.73	0.04	1129279	FALSE			FALSE					FALSE	
G6017	Intra-fraction localization an	RAW	September 2022	13			ASTRO	Removed from screen	Contractor Priced High	April 2022	YYY	0	0.00	0.00	0.00	90376	FALSE			FALSE					TRUE	Remove from Screen
GPCX1	Visit complexity inherent to	Visit Complexity E/M Add	January 2020	34				No recommendation o	CMS Request - Final Ru	November 2019							FALSE			FALSE					TRUE	N/A
P3001	Screening papanicolaou sme	Cytopathology Cervical/V	April 2018	26			CAP	0.42	CMS-Other - Utilizatior	October 2017	XXX	0.26	0.41	0.41	0.01	1217	FALSE			FALSE					TRUE	Maintain
Q0091	Screening papanicolaou sme	RAW	January 2019	37			No Special	RUC recommended to	CMS-Other - Utilizatior	October 2018	XXX	0.37	0.15	0.90	0.02	463178	FALSE			FALSE					TRUE	Maintain

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	High Volume Category III Codes 2022	September 2022	ACR, ASNR	September 2023

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 socieites should address the CPT Editorial Panel concerns and submit a new CCA for the September 2023 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37220	**Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37221	**Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37224	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37225	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37226	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	High Volume Growth1 / PE Screen - High Cost Supplies	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37228	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37229	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	High Volume Growth1	April 2022	SVS, ACS, SIR, ACR, ACC	February 2024

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55700	**Biopsy, prostate; needle or punch, single or multiple, any approach**	CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	September 2022	ACR, AUA	September 2023

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).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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)**	Codes Reported Together 75% or More-Part5	September 2022	AANS, ACR, CNS	September 2023

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 snd 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
70496	**Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**	High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5	September 2022	ACR, ASNR	September 2023

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
70498	**Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**	High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5	September 2022	ACR, ASNR	September 2023

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
75894	**Transcatheter therapy, embolization, any method, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part1	September 2022	AANS, ACR, CNS	September 2023

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 snd 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
75898	**Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**	Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5	September 2022	AANS, ACR, CNS	September 2023 February 2014 February 2015

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76872	**Ultrasound, transrectal;**	CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5	September 2022	ACOG, ACR, AUA	September 2023

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).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
99183	**Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**	CMS-Other - Utilization over 250,000	January 2023	AAFP, UHMS	September 2023

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0277	**Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval**	High Volume Growth8	January 2023	AAFP, UHMS	September 2023

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0396	**Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**	CMS-Other - Utilization over 30,000	January 2018	AAFP, ASA, ASAM	Time Uncertain

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.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
15769	**Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)**	Site of Service Anomaly - 2017	September 2022	Refer to CPT Assistant. 6.68.	AAOHNS, ASPS	Jul 2023

Background: CPT code 20926 was identified in 2017 as a site of service anomaly, in which the Medicare data from 2013-2016e indicated that 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. In May 2018, the CPT Editorial Panel deleted 20926 and created five codes in the Integumentary section to better describe tissue grafting procedures. In October 2018, the RUC flagged CPT code 15769 to be reviewed the after the first year of utilization data is available by the Relativity Assessment Workgroup to evaluate whether the new code is being coded with other codes (ie, closure of donor site) and whether it is being used in non-facility settings. The 2020 Medicare utilization data showed that CPT code 15769 is performed in the inpatient hospital setting 39% of the time, yet includes one hospital discharge visit 99238. The Workgroup noted hat that 20% of these services are being reporting in the office setting by only four individuals. The RUC recommended that a CPT Assistant article be created to clarify that CPT code 15769 should be reported in the facility setting.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
22554	**Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2**	Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 17.69	AANS, AAOS, CNS, ISASS, NASS	Aug 2023

Background: In February 2008, this issue was referred to the CPT Editorial Panel for development of coding change proposals to condense pairs into a single code and create new coding structures as part of the codes reported together 95% or more. In Oct 2009, CPT added two codes to report arthrodesis including disk space preparation, discectomy, osteophytectomy and decompression of spinal cord below C2 and each additional interspace. In April 2022, the Workgroup identified code pairs for 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 codes 22554 and 63081. In September 2022, the RUC recommends that this issue be referred to CPT Assistant to educate correct coding for 22554 with 63081 versus bundled codes 22551 and 22552.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
51728	**Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**	Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 2.11	AUA, ACOG	Aug or Sep 2023

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 when medically necessary/indicated. Additionally, to refer to CPT Assistant (51728/51784) to educate how EMG studies should only be used selectively and when medically necessary.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
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**	Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 2.51	AUA, ACOG	Aug or Sep 2023

Background: This service was identified via the codes reported together 95% or more. In February 2009, the CPT Editorial Panel deleted 51772 and 51795, and added three new codes to combine the services. 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 51729/51741 and 51729/51784. In September 2022, the Workgroup referred this issue to CPT Assistant to educate how EMG studies should only be used selectively and when medically necessary.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
51741	**Complex uroflowmetry (eg, calibrated electronic equipment)**	Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 0.17	AUA	Aug or Sep 2023

Background: April 2010, the RUC recommended that the PE Subcommittee reivew 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 when medically necessary/indicated.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
51784	**Electromyography studies (emg) of anal or urethral sphincter, other than needle, any technique**	Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 0.75.	AUA	Aug or Sep 2023

Background: In October 2018, the RUC referred to CPT Editorial Panel to add parenthetical and develop CPT assistant article indicating that 51792 and 51784 should not be reported together. In Feb 2014, the CPT Editorial Panel revised the parenthetical notes that follow CPT codes 51784 and 51792 to clarify that these services may not be reported together (editorial only). In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2018, the Workgroup reviewed a list of RUC referrals for CPT Assistant articles from 2013-2016, Seventeen (17) codes were identified. The Workgroup requested action plans for January 2019. The Workgroup specifically requests that the specialty societies address the following in their action plans: 1.Explain the issue and background of the code and why a CPT Assistant article was create. 2.What was the expected result 3.Did the article address the issues identified with this service4.Is a re-review in a couple years or further action necessary? In January 2019, the RUC recommended to remove this issue from the CPT Assistant analysis as the article address the issues identified. 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 51728/51784 and 51729/51784. In September 2022, the Workgroup referred this issue to CPT Assistant to educate how EMG studies should only be used selectively and when medically necessary.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
63081	**Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment**	Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant	AANS, AAOS, CNS, ISASS, NASS	Jul 2023

Background: In April 2022, the Workgroup identified code pairs for 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 codes 22554 and 63081. In September 2022, the RUC recommends that this issue be referred to CPT Assistant to educate correct coding for 22554 with 63081 versus bundled codes 22551 and 22552.

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
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	April 2023	Action Plan. New PE Inputs. CPT Assistant Article	ACOG, AUA	

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 to 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.

64595 **Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
RUC recommendation process, not part of RAW screens / PE Skin Adhesives	April 2023	New PE Inputs. CPT Assistant Article	ACOG, AUA	

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.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
76978	**Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion**	New Technology/New Services List	April 2023	Refer to CPT Assistant		

Background: This service was identified on the New Services/New Technology list for review in April 2023. In April 2023, the RUC recommended to 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.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
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)**	New Technology/New Services List	April 2023	Refer to CPT Assistant		

Background: This service was identified on the New Services/New Technology list for review in April 2023. In April 2023, the RUC recommended to 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.

Physician Time from RUC Meeting:
April 2023 (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
66680	3-FAC Straightforward Patient/Difficult Procedure	30	3	6	45	7A Local/Simple Procedure	10			3						0.5				182
66682	3-FAC Straightforward Patient/Difficult Procedure	33	3	7	45	7A Local/Simple Procedure	10		1	3						0.5				202
92132	XXX Global Code	1			5	XXX Global Code	1													7
92133	XXX Global Code	1			6	XXX Global Code	1													8
92134	XXX Global Code	1			5	XXX Global Code	1													7
96920	5-NF Proc w minimal anes care	7	2	1	10	N/A Survey Code is Non-Facility	3													23
96921	5-NF Proc w minimal anes care	7	2	1	12	N/A Survey Code is Non-Facility	3													25
96922	5-NF Proc w minimal anes care	7	2	1	18	N/A Survey Code is Non-Facility	3													31
97810	XXX Global Code	5			13	XXX Global Code	5													23
97811	ZZZ Global Code				11	ZZZ Global Code														11
97813	XXX Global Code	5			15	XXX Global Code	5													25
97814	ZZZ Global Code				15	ZZZ Global Code														15
6X004	3-FAC Straightforward Patient/Difficult Procedure	33	3	7	60	7A Local/Simple Procedure	10			4						0.5				224
9X059	XXX Global Code	1			6	XXX Global Code	2													9
9X075	XXX Global Code	5			15	XXX Global Code	5													25
9X076	XXX Global Code	5			25	XXX Global Code	5													35
9X077	XXX Global Code	8			30	XXX Global Code	6													44
9X078	XXX Global Code	10			40	XXX Global Code	10													60
9X079	XXX Global Code	4			10	XXX Global Code	3													17
9X080	XXX Global Code	5			15	XXX Global Code	5													25
9X081	XXX Global Code	6			21	XXX Global Code	5													32
9X082	XXX Global Code	10			30	XXX Global Code	10													50
9X083	XXX Global Code	5			15	XXX Global Code	4													24
9X084	XXX Global Code	5			20	XXX Global Code	5													30
9X085	XXX Global Code	6			28	XXX Global Code	5													39
9X086	XXX Global Code	10			38	XXX Global Code	7													55
9X087	XXX Global Code	5			11	XXX Global Code	3													19
9X088	XXX Global Code	5			16	XXX Global Code	5													26
9X089	XXX Global Code	6			23	XXX Global Code	5													34
9X090	XXX Global Code	9			30	XXX Global Code	8													47
9X091	XXX Global Code	3			10	XXX Global Code	2													15
G0442	XXX Global Code				15	XXX Global Code														15
G0443	XXX Global Code				15	XXX Global Code														15
G0444	XXX Global Code				15	XXX Global Code														15
G0445	XXX Global Code				30	XXX Global Code														30
G0446	XXX Global Code				15	XXX Global Code														15
G0447	XXX Global Code				15	XXX Global Code														15

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	**20**	**25**	**51**	**63**	**8**	**23**
	CATEGORY SUBTOTALS						
A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5
	DETAILS						
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	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

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

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)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	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

1 This represents a simple dressing

CPT	RUC Recommended PLI Crosswalk
64590	64590
64595	64595
66680	66680
66682	66682
92132	92132
92133	92133
92134	92134
96920	96920
96921	96921
96922	96922
97810	97810
97811	97811
97813	97813
97814	97814
6X004	66680
9X059	92134
9X075	99202-95
9X076	99203-95
9X077	99204-95
9X078	99205-95
9X079	99212-95
9X080	99213-95
9X081	99214-95
9X082	99215-95
9X083	99202-95
9X084	99203-95
9X085	99204-95
9X086	99205-95
9X087	99212-95
9X088	99213-95
9X089	99214-95
9X090	99215-95
9X091	G2012
G0168	G0168
G0442	G0442
G0443	G0443
G0444	G0444
G0445	G0445
G0446	G0446
G0447	G0447
G0516	G0516
G0517	G0517
G0518	G0518

CPT Code	RBCS_ID (exluding 6th digit major/minor procedure indicator)	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
64590	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
64595	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
66680	PPE0	P	Procedure	PE	Eye	0	No RBCS Family
66682	PPE0	P	Procedure	PE	Eye	0	No RBCS Family
92132	IIX17	I	Imaging	IX	Imaging - Miscellaneous	17	Computerized Ophthalmic Imaging
92133	IIX17	I	Imaging	IX	Imaging - Miscellaneous	17	Computerized Ophthalmic Imaging
92134	IIX17	I	Imaging	IX	Imaging - Miscellaneous	17	Computerized Ophthalmic Imaging
96920	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
96921	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
96922	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
97810	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
97811	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
97813	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
97814	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
6X004	PPE0	P	Procedure	PE	Eye	0	No RBCS Family
9X059	IIX17	I	Imaging	IX	Imaging - Miscellaneous	17	Computerized Ophthalmic Imaging
9X075	EEV4	E	E & M	EV	Office/outpatient services	4	Office E&M - New
9X076	EEV4	E	E & M	EV	Office/outpatient services	4	Office E&M - New
9X077	EEV4	E	E & M	EV	Office/outpatient services	4	Office E&M - New
9X078	EEV4	E	E & M	EV	Office/outpatient services	4	Office E&M - New
9X079	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
9X080	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
9X081	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
9X082	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
9X083	EEV4	E	E & M	EV	Office/outpatient services	4	Office E&M - New
9X084	EEV4	E	E & M	EV	Office/outpatient services	4	Office E&M - New
9X085	EEV4	E	E & M	EV	Office/outpatient services	4	Office E&M - New
9X086	EEV4	E	E & M	EV	Office/outpatient services	4	Office E&M - New
9X087	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
9X088	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
9X089	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
9X090	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
9X091	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
G0168	PPS28	P	Procedure	PS	Skin	28	Wound Repair - All Levels
G0442	EEV0	E	E & M	EV	Office/outpatient services	0	No RBCS Family
G0443	EEV0	E	E & M	EV	Office/outpatient services	0	No RBCS Family
G0444	EEV0	E	E & M	EV	Office/outpatient services	0	No RBCS Family
G0445	EEV0	E	E & M	EV	Office/outpatient services	0	No RBCS Family
G0446	EEV0	E	E & M	EV	Office/outpatient services	0	No RBCS Family
G0447	EEV0	E	E & M	EV	Office/outpatient services	0	No RBCS Family
G0516	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
G0517	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
G0518	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family

CPT Source	Deleted	Source 2021 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2021)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
66680		363	66680	363	1.000	6.39	10.25	04 Iris Procedures	3,721	2,320
66682		1,362	66682	1,362	1.000	7.33	10.87	04 Iris Procedures	14,805	9,983
0616T	D	42	6X004	15	0.357	0.00	12.80	04 Iris Procedures	192	0
0617T	D	42	6X004	9	0.214	0.00	12.80	04 Iris Procedures	115	0
0618T	D	42	6X004	18	0.429	0.00	12.80	04 Iris Procedures	230	0
92132		43,316	92132	43,316	1.000	0.30	0.26	05 Optical Coherence Tomography	11,262	12,995
92133		2,628,575	92133	2,628,575	1.000	0.40	0.29	05 Optical Coherence Tomography	762,287	1,051,430
92134		7,384,135	92134	6,794,135	0.920	0.45	0.30	05 Optical Coherence Tomography	2,038,241	3,057,361
92134		7,384,135	9X059	590,000	0.080	0.45	0.31	05 Optical Coherence Tomography	182,900	265,500
99202-95		71,013	9X075	71,013	1.000	0.93	0.93	06 Telemedicine Evaluation and Management Services	66,042	66,042
99203-95		241,299	9X076	241,299	1.000	1.60	1.60	06 Telemedicine Evaluation and Management Services	386,078	386,078
99204-95		330,400	9X077	330,400	1.000	2.60	2.20	06 Telemedicine Evaluation and Management Services	726,880	859,040
99205-95		160,335	9X078	160,335	1.000	3.50	3.00	06 Telemedicine Evaluation and Management Services	481,005	561,173
99211-95		70,769	9X091	70,769	1.000	0.18	0.29	06 Telemedicine Evaluation and Management Services	20,523	12,738
99212-95		746,296	9X079	746,296	1.000	0.70	0.70	06 Telemedicine Evaluation and Management Services	522,407	522,407
99213-95		6,569,884	9X080	6,569,884	1.000	1.30	1.22	06 Telemedicine Evaluation and Management Services	8,015,258	8,540,849
99214-95		7,724,123	9X081	7,724,123	1.000	1.92	1.74	06 Telemedicine Evaluation and Management Services	13,439,973	14,830,316
99215-95		1,027,175	9X082	1,027,175	1.000	2.80	2.40	06 Telemedicine Evaluation and Management Services	2,465,219	2,876,089
99441	D	1,161,238	9X091	1,161,238	1.000	0.70	0.29	06 Telemedicine Evaluation and Management Services	336,759	812,867
99442	D	2,977,502	9X083	258,704	0.087	1.30	0.93	06 Telemedicine Evaluation and Management Services	240,595	336,315
99443	D	2,129,707	9X084	75,449	0.035	1.92	1.57	06 Telemedicine Evaluation and Management Services	118,455	144,862
99443	D	2,129,707	9X085	0	0.000	1.92	2.01	06 Telemedicine Evaluation and Management Services	0	0
99443	D	2,129,707	9X086	0	0.000	1.92	2.60	06 Telemedicine Evaluation and Management Services	0	0
99442	D	2,977,502	9X087	1,359,399	0.457	1.30	0.70	06 Telemedicine Evaluation and Management Services	951,579	1,767,219
99442	D	2,977,502	9X088	1,359,399	0.457	1.30	1.20	06 Telemedicine Evaluation and Management Services	1,631,279	1,767,219
99443	D	2,129,707	9X089	2,054,258	0.965	1.92	1.80	06 Telemedicine Evaluation and Management Services	3,697,664	3,944,175
99443	D	2,129,707	9X090	0	0.000	1.92	2.40	06 Telemedicine Evaluation and Management Services	0	0
G2012	D	198,513	9X091	198,513	1.000	0.25	0.29	06 Telemedicine Evaluation and Management Services	57,569	49,628
G2252	D	4,725	9X083	2,362	0.500	0.50	0.93	06 Telemedicine Evaluation and Management Services	2,197	1,181
G2252	D	4,725	9X087	2,363	0.500	0.50	0.70	06 Telemedicine Evaluation and Management Services	1,654	1,182
64590		15,130	64590	15,130	1.000	5.10	5.10	07 Skin Adhesives (PE Only)	77,163	77,163
64595		3,062	64595	3,062	1.000	3.79	3.79	07 Skin Adhesives (PE Only)	11,605	11,605
G0168		34,363	G0168	34,363	1.000	0.31	0.31	07 Skin Adhesives (PE Only)	10,653	10,653
G0516		7	G0516	7	1.000	1.82	1.82	07 Skin Adhesives (PE Only)	13	13
G0517		2	G0517	2	1.000	2.10	2.10	07 Skin Adhesives (PE Only)	4	4
G0518		0	G0518	0	1.000	3.55	3.55	07 Skin Adhesives (PE Only)	0	0
96920		88,673	96920	88,673	1.000	1.15	1.00	08 Laser Treatment - Skin	88,673	101,974
96921		25,424	96921	25,424	1.000	1.30	1.07	08 Laser Treatment - Skin	27,204	33,051
96922		14,024	96922	14,024	1.000	2.10	1.32	08 Laser Treatment - Skin	18,512	29,450
97810		52,629	97810	52,629	1.000	0.60	0.61	09 Acupuncture - Electroacupuncture	32,104	31,577
97811		61,711	97811	61,711	1.000	0.50	0.46	09 Acupuncture - Electroacupuncture	28,387	30,856
97813		46,894	97813	46,894	1.000	0.65	0.74	09 Acupuncture - Electroacupuncture	34,702	30,481
97814		55,554	97814	55,554	1.000	0.55	0.47	09 Acupuncture - Electroacupuncture	26,110	30,555
G0442		815,675	G0442	815,675	1.000	0.18	0.18	10 Annual Alcohol Screening	146,822	146,822
G0443		2,218	G0443	2,218	1.000	0.45	0.45	10 Annual Alcohol Screening	998	998
G0445		1,721	G0445	1,721	1.000	0.45	0.45	10 Annual Alcohol Screening	774	774
G0444		2,142,759	G0444	2,142,759	1.000	0.18	0.18	11 Annual Depression Screening	385,697	385,697
G0446		290,059	G0446	290,059	1.000	0.45	0.45	12 Behavioral Counseling & Therapy	130,527	130,527
G0447		289,558	G0447	289,558	1.000	0.45	0.45	12 Behavioral Counseling & Therapy	130,301	130,301
									37,325,136	43,061,468

Total Source RVUs		43,061,468
Total New/Revised RVUs		37,325,136
RVU Difference		5,736,331
CF		33.8872
CF Redistribution	**$**	**194,388,204**

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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, 5x1010 viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025		☐
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, 5x1010 viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025		☐
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, 5x1010 viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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 2025April 20		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		☐
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		☐
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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.	☑
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (list separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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.	☑
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.	☑
228XX		Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	☑
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove form list, was only identified with 27279 and that code has been resurveyed April 2018.	☑
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
2X000		Jan 2023	Dorsal Sacroiliac Joint Arthrodesis	04	CPT 2024	April 2028		☐
2X002		Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
2X003		Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
2X004		Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
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	☑
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	☑
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	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (srs/sbrt), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☐
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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐
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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33368	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33369	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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).	☐
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.	☑
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.	☑
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		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, david procedure, yacoub procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
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		☐
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
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		☐
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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		☐
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		☐
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐
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.	☐
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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐
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.	☐
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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐
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		☐
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		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
3X008		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.	☐
3X009		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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
3X010		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.	☐
3X011		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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
3X012		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.	☐
3X013		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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
3X014		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.	☐
3X015		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.	☐
3X016		Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
3X017		Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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	☑
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	☑
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.	☑
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	April 2025		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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		☐
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
5X000		Jan 2023	Cystourethroscopy with Urethral Therapeutic Drug Delivery	08	CPT 2024	April 2028		☐
5X005		Jan 2023	Transcervical RF Ablation of Uterine Fibroids	09	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
619X1		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.	☐
619X2		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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
619X3		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.	☐
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		☐
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		☐
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.	☑
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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.	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		☐
64XX2		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.	☐
64XX3		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.	☐
64XX4		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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (list separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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	☑
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		☐
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		☐
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
6X000		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.	☐
6X004		Apr 2023	Iris Procedures	04	CPT 2025	April 2029		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
70554	Magnetic resonance imaging, brain, functional mri; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional mri; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
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		☐
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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.	
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Survey for September 2023 meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Survey for September 2023 meeting.	☐
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	Survey for September 2023 meeting.	☐
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 amd ise 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).	☐
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 amd ise 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).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 amd ise 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).	☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting		Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based	Sep 2005		Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005		Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006		Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	F	Stereotactic Body Radiation Therapy	B & 3	CPT 2007	September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	☑
77520	Proton treatment delivery; simple, without compensation	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77522	Proton treatment delivery; simple, with compensation	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77523	Proton treatment delivery; intermediate	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77525	Proton treatment delivery; complex	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	☑

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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.	☑
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.	☑
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78812	Positron emission tomography (pet) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (pet) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
7X000		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
7X001		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
7X002		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
7X003		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
7X005		Jan 2023	Fractional Flow Reserve with CT	11	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81161	Dmd (dystrophin) (eg, duchenne/becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
81264	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (list separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, cd3, cd33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
81375	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81379	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis) acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), k304e variant ace (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant agtr1 (angiotensin ii receptor, type 1) (eg, essential hypertension), 1166a>c variant bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), y438n variant ccr5 (chemokine c-c motif receptor 5) (eg, hiv resistance), 32-bp deletion mutation/794 825del32 deletion clrn1 (clarin 1) (eg, usher syndrome, type 3), n48k variant 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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 [dyt1]), 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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	quantitative, if performed ewsr1/fli1 (t(11;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ewsr1/wt1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed f11 (coagulation factor xi) (eg, coagulation disorder), common variants (eg, e117x [type ii], f283l [type iii], ivs14del14, and ivs14+1g>a [type i]) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138g>a, 1138g>c, 1620c>a, 1620c>g) fip1l1/pdgfra (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed flg (filaggrin) (eg, 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 lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), common variants (eg, r1441g, g2019s, i2020t) med12 (mediator complex subunit 12) (eg, fg syndrome type 1, lujan syndrome), common variants (eg, r961w, n1007s) meg3/dlk1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [drosophila]) (eg, intrauterine growth retardation), methylation analysis mll/aff1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed mll/mllt3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed mt-atp6 (mitochondrially encoded atp synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [narp], leigh syndrome), common variants (eg, m.8993t>g, m.8993t>c) mt-nd4, mt-nd6 (mitochondrially encoded nadh dehydrogenase 4, mitochondrially encoded nadh dehydrogenase 6) (eg, leber hereditary optic neuropathy [lhon]), common variants (eg, m.11778g>a, m.3460g>a, m.14484t>c) mt-nd5 (mitochondrially encoded trna leucine 1 [uua/g], mitochondrially encoded nadh dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [melas]), common variants (eg, 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.	☑

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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, rnase a family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence arx (aristaless-related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), duplication/deletion analysis cel (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [mody]), targeted sequence analysis of exon 11 (eg, c.1785delc, c.1686delt) ctnnb1 (catenin [cadherin-associated protein], beta 1, 88kda) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) daz/sry (deleted in azoospermia and sex determining region y) (eg, male infertility), common deletions (eg, azfa, azfb, azfc, azfd) dnmt3a (dna [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) epcam (epithelial cell adhesion molecule) (eg, lynch syndrome), duplication/deletion analysis f8 (coagulation factor viii) (eg, hemophilia a), inversion analysis, intron 1 and intron 22a f12 (coagulation factor xii [hageman factor]) (eg, angioedema, hereditary, type iii; factor xii deficiency), targeted sequence analysis of exon 9 fgfr3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (for targeted sequence analysis of multiple fgfr3 exons, use 81404) gjb1 (gap junction protein, beta 1) (eg, charcot-marie-tooth x-linked), full gene sequence gnaq (guanine nucleotide-binding protein g[q] subunit alpha) (eg, uveal melanoma), common variants (eg, r183, q209) 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.	☑

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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.	☑

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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) fhl1 (four and a half lim domains 1) (eg, emery-dreifuss muscular dystrophy), full gene sequence fkrp (fukutin related protein) (eg, congenital muscular dystrophy type 1c [mdc1c], limb-girdle muscular dystrophy [lgmd] type 2i), full gene sequence foxg1 (forkhead box g1) (eg, rett syndrome), full gene sequence fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4a and 4b haplotypes) 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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	full gene sequence ins (insulin) (eg, diabetes mellitus), full gene sequence kcnj1 (potassium inwardly-rectifying channel, subfamily j, member 1) (eg, bartter syndrome), full gene sequence kcnj10 (potassium inwardly-rectifying channel, subfamily j, member 10) (eg, sesame syndrome, east syndrome, sensorineural hearing loss), full gene sequence litaf (lipopolysaccharide-induced tnf factor) (eg, charcot-marie-tooth), full gene sequence mefv (mediterranean fever) (eg, familial mediterranean fever), full gene sequence men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), duplication/deletion analysis mmachc (methylmalonic aciduria [cobalamin deficiency] cblc type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), duplication/deletion analysis ndp (norrie disease [pseudoglioma]) (eg, norrie disease), full gene sequence ndufa1 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kda) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufaf2 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs4 (nadh dehydrogenase [ubiquinone] fe-s protein 4, 18kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nipa1 (non-imprinted in prader-willi/angelman syndrome 1) (eg, spastic paraplegia), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), duplication/deletion analysis npc2 (niemann-pick disease, type c2 [epididymal secretory protein e1]) (eg, niemann-pick disease type c2), full gene sequence nr0b1 (nuclear receptor subfamily 0, group b, member 1) (eg, congenital adrenal hypoplasia), full gene sequence pdx1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the							

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	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 [sco1l]) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis sdhd (succinate dehydrogenase complex, subunit d, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	[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 ttpa (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence ttr (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), full gene sequence tyr (tyrosinase [oculocutaneous albinism ia]) (eg, oculocutaneous albinism ia), full gene sequence 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	analysis znf41 (zinc finger protein 41) (eg, x-linked mental retardation 89), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 bmpr2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis casq2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence casr (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis chrna4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence chrnb2 (cholinergic receptor, 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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpox (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), 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 fktn (fukutin) (eg, limb-girdle muscular dystrophy [lgmd] type 2m or 2l), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), duplication/deletion analysis gabrg2 (gamma-aminobutyric acid [gaba] a receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence gch1 (gtp cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence gdap1 (ganglioside-induced differentiation-associated protein 1) (eg, charcot-marie-tooth disease), full gene sequence gfap (glial fibrillary acidic protein) (eg, alexander disease), full gene sequence ghr (growth hormone receptor) (eg, laron syndrome), full gene sequence ghrhr (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence gla (galactosidase, alpha) (eg, fabry disease), full gene sequence 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, mucopolysacchridosis, type ii), full gene sequence il2rg (interleukin 2 receptor, gamma) (eg, x-linked severe combined immunodeficiency), full gene sequence ispd (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, walker-warburg syndrome), full gene sequence kras (kirsten rat sarcoma viral oncogene homolog) (eg, noonan							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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							

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	(neuroligin 3) (eg, autism spectrum disorders), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert syndrome), deletion analysis, and duplication analysis, if performed nphs2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), duplication/deletion analysis otc (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), duplication/deletion analysis park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), duplication/deletion analysis pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis pcdh19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis pdhb (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence pink1 (pten induced putative kinase 1) (eg, parkinson disease), full gene sequence 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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	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 tardbp (tar dna binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence tbx5 (t-box 5) (eg, holt-oram syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), duplication/deletion analysis tgfbr1 (transforming growth factor, beta receptor 1) (eg, marfan syndrome), full gene sequence tgfbr2 (transforming growth factor, beta receptor 2) (eg, marfan syndrome), full gene sequence thrb (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons tk2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial dna depletion syndrome), full gene sequence tnnc1 (troponin c type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence tnni3							

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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 tymp (thymidine phosphorylase) (eg, mitochondrial dna depletion syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 2n), targeted sequence analysis (eg, exons 18-20, 23-25) wt1 (wilms tumor 1) (eg, denys-drash syndrome, familial wilms tumor), full gene sequence zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) 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 atl1 (atlastin gtpase 1) (eg, spastic paraplegia), full gene sequence atp1a2 (atpase, na+/k+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence atp7b (atpase, cu++ transporting, beta polypeptide) (eg, wilson disease), full gene sequence bbs1 (bardet-biedl syndrome 1) (eg, bardet-biedl syndrome), full gene sequence bbs2 (bardet-biedl syndrome 2) (eg, bardet-biedl syndrome), full gene sequence bckdhb (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease, type 1b), full gene sequence best1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence bmpr2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence braf (b-raf proto-oncogene, serine/threonine kinase) (eg, noonan syndrome), 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.	☑

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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 dld (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type iii), full gene sequence dsc2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence dsg2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence dsp (desmoplakin) (eg, arrhythmogenic right							

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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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	sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence lepr (leptin receptor) (eg, obesity with hypogonadism), full gene sequence lhcgr (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence lmna (lamin a/c) (eg, emery-dreifuss muscular dystrophy [edmd1, 2 and 3] limb-girdle muscular dystrophy [lgmd] type 1b, dilated cardiomyopathy [cmd1a], familial partial lipodystrophy [fpld2]), full gene sequence lrp5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence map2k1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence map2k2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence mapt (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence mccc1 (methylcrotonoyl-coa carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-coa carboxylase deficiency), full gene sequence mccc2 (methylcrotonoyl-coa carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence mfn2 (mitofusin 2) (eg, charcot-marie-tooth disease), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), full gene sequence mut (methylmalonyl coa mutase) (eg, methylmalonic acidemia), full gene sequence mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), full gene sequence ndufs1 (nadh dehydrogenase [ubiquinone] fe-s protein 1, 75kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence notch3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [cadasil]), targeted sequence analysis (eg, exons 1-23) npc1 (niemann-pick disease, type c1) (eg, niemann-pick disease), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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-							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence umod (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence vwf (von willebrand factor) (von willebrand disease type 2a), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) was (wiskott-aldrich syndrome [eczema-thrombocytopenia]) (eg, wiskott-aldrich syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), full gene sequence agl (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type iii), full gene sequence ahi1 (abelson helper integration site 1) (eg, joubert syndrome), full gene sequence 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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) abca4 (atp-binding cassette, sub-family a [abc1], member 4) (eg, stargardt disease, age-related macular degeneration), full gene sequence atm (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence cdh23 (cadherin-related 23) (eg, usher syndrome, type 1), full gene sequence cep290 (centrosomal protein 290kda) (eg, joubert syndrome), full gene sequence col1a1 (collagen, type i, alpha 1) (eg, osteogenesis imperfecta, type i), full gene sequence col1a2 (collagen, type i, alpha 2) (eg, osteogenesis imperfecta, type i), full gene sequence col4a1 (collagen, type iv, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence col4a3 (collagen, type iv, alpha 3 [goodpasture antigen]) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), full gene sequence dmd (dystrophin) (eg, duchenne/becker muscular dystrophy), full gene sequence dysf (dysferlin, limb girdle muscular dystrophy 2b [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence itpr1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence lama2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), full gene sequence myh11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence nf1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence pkhd1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons ush2a (usher syndrome 2a [autosomal recessive, mild]) (eg, usher syndrome, type 2), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (list separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☑
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		☐
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	☑
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
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.	☑
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.	☑
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	☑
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		☐
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.	☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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		☐
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		☐
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		☐
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.	☑
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, 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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, 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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular 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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, 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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, 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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 neutralilty. 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).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 neutralilty. 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).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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		☐
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve volume [erv]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
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.	☑
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.	☑
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	☐
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).	☐
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).	☐
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).	☐
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).	☐
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).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
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		☐
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		☐
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		☐
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	☐
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	☐
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	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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	☐
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	☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
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		☐
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		☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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.	☐
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
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	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	☑
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).	☐
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).	☐
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		☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑
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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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	☑
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	☑
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).	☑
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).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9X000		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).	☐
9X002		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).	☐
9X003		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).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9X004		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).	☐
9X005		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).	☐
9X015		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
9X016		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
9X017		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9X022		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.	☐
9X045		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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9X046		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.	☐
9X047		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.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9X048		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.	☐
9X059		Apr 2023	Optical Coherence Tomography	05	CPT 2025	April 2029		☐
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		☑

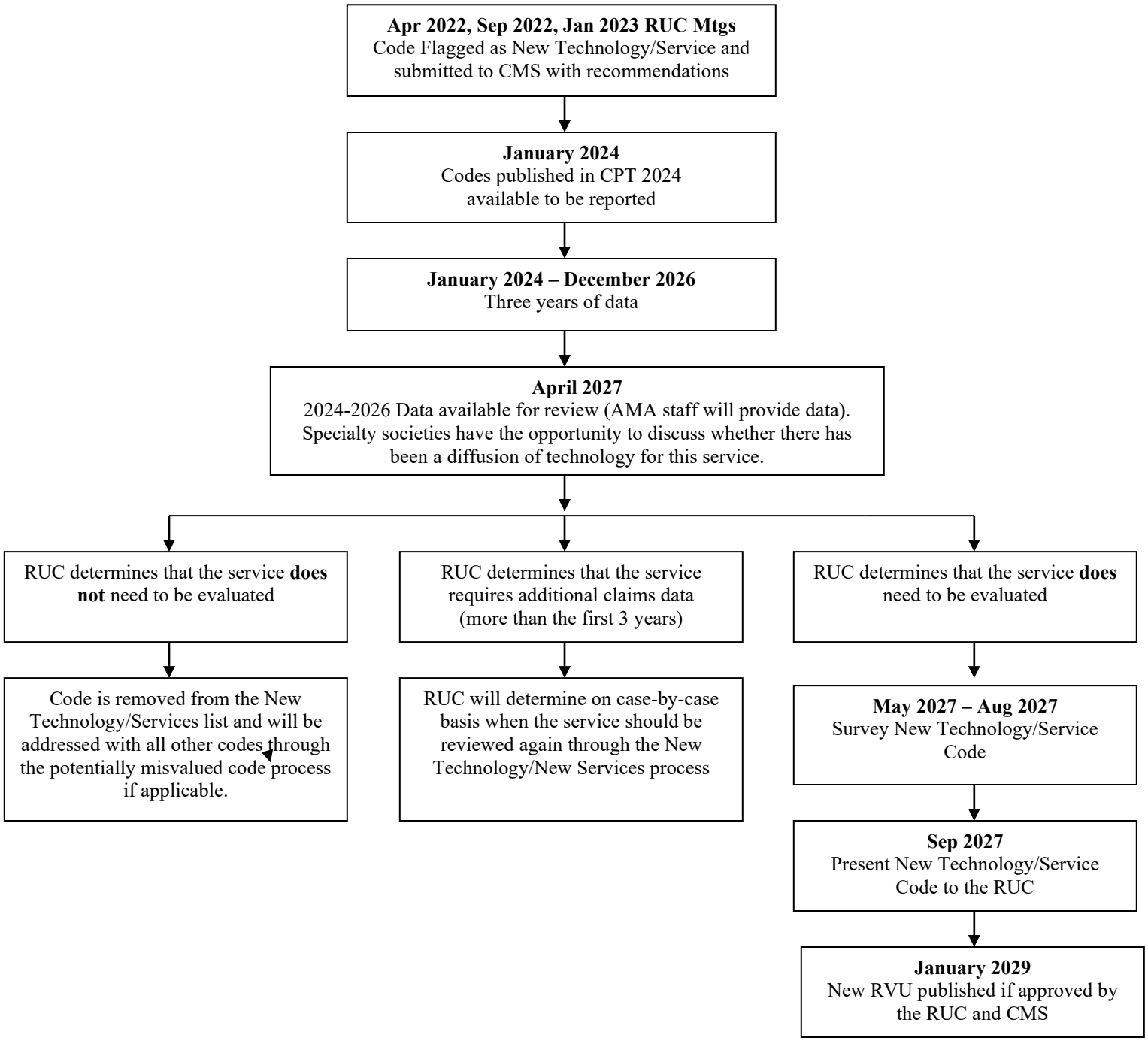
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data 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 neutralilty. 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).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised May 2022

Specialty Societies Acronym List **May 2023**

Society	Acronym
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	ACRh
American College of Radiation Oncology	ACRO
American College of Surgeons	ACS
American Dental Association	ADA

Society	Acronym
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

Society	Acronym
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

CPT Code	Global	Total CY2025 Physician Time - before applying post-op visit increase	Total CY2025 Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	CY2025 Work RVU before applying post-op visit increase	Surgical Global Work RVU After Incorporating RUC Recommendation 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
66680	090	182	202	20	11%	10.25	11.44	1.19	12%	0				3					0.5				
66682	090	202	224	22	11%	10.87	12.28	1.41	13%	0			1	3					0.5				
6X004	090	224	251	27	12%	12.80	14.32	1.52	12%	0				4					0.5				

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

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2023

Iris Procedures – Tab 4

At the February 2023 CPT Editorial Panel meeting, three Category III codes, 0616T, 0617T and 0618T, were replaced by a single Category I code 6X004. The three former Category III codes each described a separate clinical scenario for intraocular lens implant (IOL) insertion, and the creation of 6X004 simplifies reporting for this family of iris procedure codes. Two other IOL services, CPT codes 66680 and 66682, are in the same family of 090-day global iris repair codes as 6X004. All three codes were reviewed and surveyed for the April 2023 RUC meeting.

Compelling Evidence
The RUC agreed with the specialty societies that there is compelling evidence to support a change in physician work for CPT codes 66680 and 66682 based on a change in operative technique and increased physician surgical time. In their summary of recommendation, the specialty society articulated the evolution of operative technique in detail. The use of micromanipulators, iris retractors, double-armed long-polypropylene sutures, and utilization of a docking needle with a lumen is now typical for these procedures, which assists in conducting a more detailed dissection of the iris from the surrounding tissues, unfurling it to identify the peripheral avulsed edge, and engaging that edge to obtain a more anatomically correct re-apposition of the iris tissue in the anterior chamber angle. **The RUC agrees with the compelling evidence presented that the physician work for these services has changed due to a change in operative technique and increased physician surgical time.**

66680 ***Repair of iris, ciliary body (as for iridodialysis)***
The RUC reviewed the survey results from 35 ophthalmologists and determined that the survey 25th percentile work RVU of 10.25 appropriately accounts for the physician work required to perform CPT code 66680. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 6 minutes pre-service scrub/dress/wait time, 45 minutes intra-service time, 10 minutes immediate post-service time, 0.5-99238 and 3-99213 post-service visits, which equals 182 minutes of total time. The RUC confirmed that three postoperative visits are typical and include visual acuity and intraocular pressure checks, gonioscopy to assess the status of the anterior chamber angle, and examination of the peripheral retina for breaks.

To support a work RVU value of 10.25, the RUC compared the surveyed code to the top two key reference services CPT codes 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* (work RVU = 10.25, 30 minutes intra-service time, and 175 minutes total time) and 66183 *Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach* (work RVU = 13.20, 45 minutes intra-service time, and 257 minutes total time). The RUC determined the surveyed code was comparable to the top key reference service as both require identical physician work and similar time; moreover, the RUC noted that the second key reference service is an accurate comparator to the surveyed code because both require the same intensity and complexity to perform.

For additional support, the RUC referenced MPC code 57250 *Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy* (work RVU = 10.08, 60 minutes intra-service time, and 211 minutes total time) and CPT code 67316 *Strabismus surgery, recession, or resection procedure; 2 or more vertical muscles (excluding superior oblique)* (work RVU = 10.31, 45 minutes intra-service time, and 164 minutes total time). The RUC noted that together these two codes appropriately bracket the survey 25th percentile work RVU, wherein CPT code 67316 has identical intra-service time, though slightly shorter total time, when compared to the surveyed code. **The RUC recommends a work RVU of 10.25 for CPT code 66680.**

66682 ***Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)***
The RUC reviewed the survey results from 34 ophthalmologists and determined that the survey 25th percentile work RVU of 10.87 appropriately accounts for the physician work required to perform CPT code 66682. The RUC recommends 33 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 7 minutes scrub/dress/wait time, 45 minutes intra-service time, 10 minutes immediate post-service time, 0.5-99238, 3-99213 and 1-99212 post-service visits, which equals 202 minutes of total time. The RUC confirmed that four postoperative visits are typical and include visual acuity and intraocular pressure checks and slit lamp examinations. Three of the visits include dilated examinations of the macula for cystoid edema and the peripheral retina for breaks; an additional visit is typical for continued treatment of inflammation from iris manipulation.

To support a work RVU value of 10.87, the RUC compared the surveyed code to the to the top key reference services 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* (work RVU = 10.25, 30 minutes intra-service time, and 175 minutes total time) and 66170 *Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery* (work RVU = 13.94, 45 minutes intra-service time, and 278 minutes total time). The RUC determined the surveyed code was comparable to the top key reference service as they both require similar physician work and time to perform; moreover, the RUC noted that the second key reference services is an accurate comparator to the surveyed code because both require the same intensity and complexity to perform.

For additional support, the RUC referenced MPC code 54437 *Repair of traumatic corporeal tear(s)* (work RVU = 11.50, 60 minutes intra-service time, and 264 minutes total time) and noted that the intra-service and total time is greater, therefore the reference code is valued higher. The RUC also compared the surveyed code to CPT code 67316 *Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)* (work RVU = 10.31, 45 minutes intra-service time and 164 minutes total time) and noted the identical intra-service time. Furthermore, the 25th percentile work RVU for the surveyed code maintains rank order with the other existing services in this code family. **The RUC recommends a work RVU of 10.87 for CPT code 66682.**

6X004 ***Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed***
The RUC reviewed the survey results from 31 ophthalmologists and determined that the survey 25th percentile work RVU of 12.80 appropriately accounts for the physician work required to perform CPT code 6X004. The RUC recommends 33 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 7 minutes scrub/dress/wait time, 60 minutes intra-service time, 10 minutes immediate post-service time, 0.5-99238

and 4-99213 post-service visits, which equals 224 minutes of total time. The RUC confirmed that four postoperative visits are typical, and include visual acuity and intraocular pressure checks, slit lamp examinations, gonioscopy to assess the status of the anterior chamber angle, and examination of the peripheral retina for breaks.

To support a work RVU value of 12.80, the RUC compared the surveyed code to the top key reference services 66170 *Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery* (work RVU = 13.94, 45 minutes intra-service time, and 278 minutes total time) and 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* (work RVU = 10.25, 30 minutes intra-service time, and 175 minutes total time). The RUC determined the surveyed code was comparable to the top key reference service in terms of measured complexity and intensity, as well as intra-service and total time; moreover, the RUC noted that the survey 25th percentile work RVU maintains rank order with the other services in this code family.

For additional support, the RUC referenced MPC code 57288 *Sling operation for stress incontinence (eg, fascia or synthetic)* (work RVU = 12.13, 60 minutes intra-service time, and 246 minutes total time) and CPT code 67039 *Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation* (work RVU = 13.20, 60 minutes intra-service time and 260 minutes total time). The RUC determined the surveyed code was equivalent to MPC code 57288 and CPT code 67039 in terms of intra-service time and noted that the referenced services bracket the survey 25th percentile work RVU. **The RUC recommends a work RVU of 12.80 for CPT code 6X004.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology
CPT code 6X004 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.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Eye and Ocular Adnexa** **Anterior Segment** **Iris, Ciliary Body** **Repair**				
(f)66680	A1	Repair of iris, ciliary body (as for iridodialysis) (For reposition or resection of uveal tissue with perforating wound of cornea or sclera, use 65285)	090	10.25
(f)66682	A2	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	090	10.87
●6X004	A3	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed (Use 6X004 in conjunction with 66825, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66985, 66986, 66987, 66988, 66989, 66991, for lens or intraocular lens surgery[ies] performed concurrently) (Do not report 6X004 in conjunction with 65800, 65810, 65815, 65865, 65870, 65875, 66020, 66030, 66500, 66505, 66600, 66625, 66630, 66635, 66680, 66682, 66770, 67500, 67515, 69990, for the same eye, same surgeon, or same operative session) (For severing adhesions of anterior segment, incisional technique, without concurrent iris prosthesis implantation, see 65865, 65870, 65875, 65880) (For removal of iris tissue, without concurrent iris prosthesis implantation, see 66600 66605, 66625, 66630, 66635)	090	12.80

		(For repair of iris, without concurrent iris prosthesis implantation, see 66680, 66682)		

Category III Codes

~~0616T~~ ~~Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens~~

~~0617T~~ ~~with removal of crystalline lens and insertion of intraocular lens~~

~~(Do not report 0617T in conjunction with 66982, 66983, 66984)~~

~~0618T~~ ~~with secondary intraocular lens placement or intraocular lens exchange~~

~~(Do not report 0618T in conjunction with 66985, 66986)~~

~~(Do not report 0616T, 0617T, 0618T in conjunction with 66600, 66680, 66682)~~

(0616T, 0617T, 0618T have been deleted)

(For implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed, use 6X004)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66680 Tracking Number A1 Original Specialty Recommended RVU: **10.25**
Presented Recommended RVU: **10.25**
Global Period: 090 Current Work RVU: **6.39** RUC Recommended RVU: **10.25**

CPT Descriptor: Repair of iris, ciliary body (as for iridodialysis).

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 24-year-old man has an iridodialysis following blunt trauma to the right eye. He complains of poor vision and diplopia and is referred for iris repair.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 26% , In the ASC 74%, 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 100% , 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 preoperative work-up, including the patient's medical history, physical examination findings, and laboratory study results, is reviewed. The operative eye is marked. The patient's questions are answered, and informed consent is obtained. The patient is positioned on the operating room table, and a surgical time-out is performed. Local (peribulbar or retrobulbar) anesthesia is administered. A surgical scrub is performed, and sterile gloves and gown are donned. The eye is prepped and draped in the usual sterile fashion. A plastic adhesive drape is applied and incised. A lid speculum is inserted. The operating microscope is swung into position and adjusted.

Description of Intra-Service Work: A conjunctival peritomy is created adjacent to the iridodialysis and hemostasis is achieved with cautery. A scleral tunnel is created. Paracenteses are created 90 and 180 degrees away from the iris defect. The anterior chamber is filled with viscoelastic. Iris hooks and viscoelastic are used to release posterior and anterior synechiae. Viscoelastic and intraocular micro-graspers are then used to unroll and position the iris in a flat plane. Bleeding is controlled with viscoelastic tamponade.

One arm of a double-armed 10-0 polypropylene suture on long straight needles is passed through the paracentesis 180 degrees from the defect and across the anterior chamber. A micro-grasper is placed through one of the paracenteses 90 degrees from the iris defect and used to guide the needle through the free peripheral edge of the iris. A 27-gauge needle is then passed through the scleral pocket at the level of the scleral spur peripheral to the defect. The 10-0 polypropylene needle is docked within the lumen of the 27-guage needle and withdrawn. The second arm of the 10-0 suture is similarly placed through the paracentesis, the free edge of iris, and the sclera. These maneuvers are repeated with a second and third set of double-armed polypropylene sutures adjacent to the prior suture placement. Micro-graspers are used to bend the needles to facilitate their removal through the sclera without distorting the iris. Additional sutures may be necessary for a large iridodialysis. Bleeding is controlled as needed with additional viscoelastic tamponade.

Once enough sutures have been placed to close the iris defect, the needles are removed, and the sutures are tied with slip knots within the scleral pocket in a mattress fashion. The iris surface is then further smoothed with a cannula and a cholinergic agent placed in the anterior chamber. The sutures tensions are adjusted, the knots are locked and rotated into the sclera.

Remaining viscoelastic is removed from the anterior chamber through the paracenteses using aspiration. The anterior chamber is deepened and the pressure in the eye is adjusted by injection of balanced salt solution. The paracenteses are

tested for watertightness and sutured if necessary. The conjunctiva is closed. The lid speculum and drapes are removed. The eye patched and shielded with antibiotic ointment.

Description of Post-Service Work: The outcome of the procedure is discussed with the patient and the patient's family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record, and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

Three postoperative visits are typical and include visual acuity and intraocular pressure checks, gonioscopy to assess the status of the anterior chamber angle, and examination of the peripheral retina for breaks.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023		
Presenter(s):	John Thompson, MD; Samuel Masket, MD; David Glasser, MD (Pre Facilitation Only) Ankoor Shah, MD (Pre Facilitation Only)		
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists		
CPT Code:	66680		
Sample Size:	2750	**Resp N:**	35
Description of Sample:	Random sample of 2,700 practicing ophthalmologists across the subspecialties of comprehensive, cornea, anterior segment, and cataract. Additional survey of a manufacturer-provided list of 50 physicians known to have performed the procedure.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	50.00
Survey RVW:	6.00	10.25	**12.13**	13.57	15.85
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	15.00	30.00	**45.00**	54.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	66680	**Recommended Physician Work RVU: 10.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**15.00**	**-9.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66982	090	10.25	**RUC Time**

CPT Descriptor 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66183	090	13.20	**RUC Time**

CPT Descriptor Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57250	090	10.08	**RUC Time**	7,699

CPT Descriptor 1 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54437	090	11.50	**RUC Time**	64

CPT Descriptor 2 Repair of traumatic corporeal tear(s).

Other Reference CPT Code	Global	Work RVU	Time Source
67316	090	10.31	**RUC Time**

CPT Descriptor Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)

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:** 31.4 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 28.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 66680	Top Key Reference CPT Code: 66982	2nd Key Reference CPT Code: **66183**
Median Pre-Service Time	39.00	35.00	20.00
Median Intra-Service Time	45.00	30.00	45.00
Median Immediate Post-service Time	10.00	6.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	69.0	85.00	163.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**182.00**	**175.00**	**257.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	27%	45%	18%

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	27%	18%	55%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	45%	55%
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%	45%	55%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	70%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	40%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 66680, *Repair of iris, ciliary body (as for iridodialysis)* is in a family of 090-day global iris repair codes with the new CPT code 6X004, *Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed*. CPT 66682, *Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)* is also in the family. All three services are being reviewed at this meeting.

CPT 66680 is performed to surgically repair a torn iris root, typically after surgical or non-surgical trauma. Cases are more common in a younger cohort prone to trauma. Medicare claims volume is very low (363 in 2021) and is not growing. The code is Harvard valued and has never been RUC-reviewed. It is not typically performed in conjunction with other surgical procedures.

The evolution of the existing procedures in this family, CPT 66680 and 66682, as well as the survey data, support an increase in work values.

Compelling Evidence

We present compelling evidence for an increase in value for both existing codes in this family, CPT 66680 and 66682, based on changes in:

- Technique
- Physician time
- Incorrect assumptions made in previous valuation

The change in operative technique alone is sufficient compelling evidence for an increase in value.

Iridodialysis repair technique has changed dramatically from the way the procedure was performed in 1992. [1-6] Long, often blind needle passes were typically made without the advantage of intraocular micro-instrumentation to unroll the iris and dissect adhesions between the iris, the lens, the anterior chamber angle, and the cornea. These simple needle passes were less effective in closing irregular iris defects and left patients at risk for segmental synechial angle closure because it was impossible in most cases to engage the edge of avulsed iris near the iris root with the needle.

With the adoption of micromanipulators, iris retractors, double-armed long-polypropylene sutures, and techniques utilizing a docking needle with a lumen, the procedure began evolving in the mid 1990s and now typically includes careful dissection of the iris from surrounding tissues, unfurling it to identify the peripheral avulsed edge, and engaging that edge to obtain a more anatomically correct re-apposition of the iris tissue in the anterior chamber angle.[1-6] Although the operative techniques have changed, none of the changes represent new technology.

Increased physician surgical time is required to accomplish the detailed dissection, more precise needle placement, and multiple suture passes needed to re-establish a more normal iris anatomy.

Harvard data used for development of the work values in 1992 are so out-of-date that they are regularly demonstrated to be inaccurate when compared to more recent RUC survey data. While the difference usually results in reduced times and work values, in this case the Harvard data fails to recognize the pre-service evaluation time and the intensity and complexity of the procedure as currently performed.

RUC Survey

We surveyed a random sample of members the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgeons (“AAO/ASCRS” data}. Because iris prosthesis insertion is performed by few ophthalmologists at this time, we also randomly surveyed a list obtained from VEO Ophthalmics, the marketer of the only FDA-approved version of the prosthesis, of all US surgeons who have implanted it (“VEO” data). We present the data from each random survey in addition to the combined data.

We received 35 responses (31 AAO/ASCRS, 4 VEO). The expert panel of members from AAO, which is familiar with the procedure and the RUC process, reviewed the survey findings.

The vignette was considered typical by 86% (87% AAO/ASCRS, 75% VEO). The service performance rates were low, with 23% (8/35) non-performers. This is not unusual for a complex procedure which is infrequently performed and performed by few ophthalmologists. The median performance rate was 2. Nevertheless, based on pre-facilitation discussions, we present the performer and non-performer data separately in the Summary Spreadsheet. The separate analysis did not alter our recommendations.

The current work value of CPT 66680 is 6.39 RUV with an IST of 45 minutes. The survey median work value was 12.13 RVU (12.13 AAO/ASCRS, 11.75 VEO) and the 25th percentile was 10.25 RVU (10.25 AAO/ASCRS, 10.50 VEO). The median IST was 45 minutes (43 AAO/ASCRS, 53 VEO).

The top key reference service (KRS), chosen by 31%, was CPT 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* (RUC 2019), with a work value of 10.25 RVU, an IST of 30 minutes, and a total time of 175 minutes. The second reference service for both groups, chosen by 29%, was CPT 66183, *Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach* (RUC 2013), with a work value of 13.20 RVU, an IST of 45 minutes, and a total time of 257 minutes.

Respondents rated the surveyed code higher than KRS on overall intensity/complexity and all the submeasures except physical effort, which was rated identical. The surveyed code was rated higher than the second reference service on overall intensity/complexity and all submeasures.

None of the RSL codes was chosen by a majority of respondents. The only other code chosen by greater than 10% of respondents was CPT 66170, Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery (RUC 2015), with a work value of 13.94 RVU, an IST of 45 minutes, and a total time of 278 minutes, substantially greater than the survey median work value and total time.

The survey median IST of 45 minutes is appropriate for the surgical manipulations required to release adhesions to the cornea, anterior chamber angle, and lens, unroll an iris which is typically friable using intraocular micromanipulators and viscoelastic to expose the avulsed peripheral edge, maintain hemostasis, and place multiple mattress sutures via a docking needle to restore normal anatomy. This time is identical to the current Harvard value. This is a marked departure from the significant decrease in ISTs usually seen when Harvard-valued codes are surveyed. A survey median IST identical to the Harvard value is consistent with an increase in intra-operative work.

The survey responses note 3 postoperative visits (3 AAO/ASCRS, 4 VEO), with both groups selecting one level 4 visit and the remainder level 3 visits. The panel agreed with three postoperative visits. We reduced the level 4 visit to a level 3. These are typically performed one day, one week, and four to eight weeks after surgery. The typical patient is post-blunt trauma with significant inflammation, unstable intraocular pressure (IOP), and at risk for retinal detachment and progressive angle closure throughout the postoperative period. Each of the three postoperative visits requires gonioscopy and careful dilated examination of the macula for cystoid edema and the peripheral retina for breaks in addition to the visual acuity and pressure check and slit lamp examination that comprise a typical level 2 postoperative visit. Postoperative medications, including IOP lowering medications, corticosteroids and NSAIDs to manage inflammation, as well as cycloplegics are typically adjusted at each of the postoperative visits.

We chose pre-service package 3 (straightforward patient, difficult procedure). These are complex cases with multiple potential ocular comorbidities requiring extensive pre-operative assessment and discussion with the patient. We reduced the package pre-service evaluation time from 33 minutes to the survey median of 30 minutes. We reduced the survey positioning time of 5 minutes to the package time of 3 minutes. We reduced the package scrub/dress/wait time from 15 minutes to match the survey time of 6 minutes. Profound anesthesia is required for the uveal manipulations in these cases, necessitating a longer wait for the anesthetic injection to take effect than for uncomplicated lens surgery.

We used the survey post-service time median of 10 minutes, which is less than the 18 minutes of post-service time package 7A (local anesthesia, straightforward procedure), and one-half of a 99238 visit for discharge day management as is RUC protocol for outpatient procedures. Although respondents did not report a discharge day management service, we note that ophthalmologists never bill these codes because they don't manage inpatients. Respondents would be unfamiliar with these codes and would not be expected to choose them in the survey. Nevertheless, the work and time are required. Inclusion of half of a discharge day management service is standard across almost all outpatient surgical procedures and has been included even in the absence of survey support. Excluding it would distort the relativity in the database.

Total recommended time for the procedure is 182 minutes, with an IST of 45 minutes.

A RUC database search for 45-minute IST 090-day global codes surveyed within the past 10 years returned 15 results with work values ranging from 5.42 to 13.94 RVU. The only code with the same number and level of postoperative visits, CPT 53850, *Transurethral destruction of prostate tissue; by microwave thermotherapy* (RUC 2018) is a poor match as it has 31 minutes less total time, a much lower IWPUT than is appropriate for an intraocular procedure on a severely traumatized eye, and a work value of 5.42 RVU, which is below the survey low value.

In the absence of an ideal crosswalk, we chose the survey 25th percentile estimate of work value of 10.25 RVU. This value is supported by the KRS, CPT 66982 (complex cataract surgery), which has the identical work value and almost identical total time, but a shorter IST at 30 minutes. It is also supported by CPT 67316, *Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)* (RUC 2020), with a work value of 10.31 RVU, an identical IST of 45 minutes, and a slightly shorter total time of 164 minutes.

We recommend a work value of 10.25 RVU for CPT 66680, the survey 25th percentile, with times of 39/45/10 and a total time of 182 minutes.

References

1. Kaufman SC, Insler MS. Surgical repair of a traumatic iridodialysis. Ophthalmic Surg Lasers. 1996 Nov;27(11):963-6. PMID: 8938808
2. Snyder ME, Lindsell LB. Nonappositional repair of iridodialysis. J Cataract Refract Surg. 2011 Apr;37(4):625-8. doi: 10.1016/j.jcrs.2011.02.001. PMID: 21420584.
3. Khokhar S, Gupta S, Kumar G. Iridodialysis repair: stroke and dock technique. Int Ophthalmol. 2014 Apr;34(2):331-5. doi: 10.1007/s10792-013-9785-8. Epub 2013 May 3. PMID: 23640267.
4. Okamoto Y, Yamada S, Akimoto M. Suturing repair of subtotal iridodialysis. Int Ophthalmol. 2018 Feb;38(1):395-398. doi: 10.1007/s10792-017-0465-y. Epub 2017 Feb 7. PMID: 28176170.
5. Narang P, Agarwal A. Trocar assisted nonappositional repair of iridodialysis. Eur J Ophthalmol. 2021 Jul;31(4):2150-2155. doi: 10.1177/1120672120948747. Epub 2020 Aug 5. PMID: 32757623.
6. Unsal U, Sabur H, Soyler M. Results of a novel surgical technique for iridodialysis repair using an iris retractor segment. Int Ophthalmol. 2022 Jan;42(1):219-227. doi: 10.1007/s10792-021-02016-4. Epub 2021 Aug 22. PMID: 34420123.
7. Lin Z, Song Z, Zhao Z, Ke Z. Reversed scleral tunnel technique for repair of iridodialysis after blunt force trauma: a retrospective clinical study. BMC Ophthalmol. 2022 Apr 15;22(1):171. doi: 10.1186/s12886-022-02394-y. PMID: 35428283; PMCID: PMC9011996.

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) 66680

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on Medicare claims data and typical age of patients

Specialty Ophthalmolgy Frequency 1500 Percentage 100.00 %

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? 363
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare claims data

Specialty Ophthalmology Frequency 363 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 66680

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:66682 Tracking Number A2 Original Specialty Recommended RVU: **10.87**
Presented Recommended RVU: **10.87**
Global Period: 090 Current Work RVU: **7.33** RUC Recommended RVU: **10.87**

CPT Descriptor: Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture).

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old man had complicated cataract surgery with intraocular lens implantation resulting in a decentered lens in the left eye. He complains of monocular diplopia and is referred for iris fixation of the lens with a McCannel suture.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 24% , In the ASC 76%, 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 100% , 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 preoperative work-up, including the patient's medical history, physical examination findings, and laboratory study results, is reviewed. The operative eye is marked. The potential intraoperative interventions are discussed, the patient's questions are answered, and informed consent is obtained. The patient is positioned on the operating room table, and a surgical time-out is performed. Local (peribulbar or retrobulbar) anesthesia is administered. A surgical scrub is performed, and sterile gloves and gown are donned. The eye is prepped and draped in the usual sterile fashion. A plastic adhesive drape is applied and incised. A lid speculum is inserted. The operating microscope is swung into position and adjusted.

Description of Intra-Service Work: A reverse scleral pocket is created at the limbus adjacent to the location of the planned intraocular suture placement. Two paracenteses are created 90 degrees away. Viscoelastic is placed in the anterior chamber. Hooks and viscoelastic introduced through the paracenteses are used to bluntly dissect posterior and anterior synechiae. Bleeding is controlled with viscoelastic tamponade and as needed, intraocular epinephrine. Hooks are then used to retract the iris and inspect the intraocular lens (IOL)/capsular bag complex for 360 degrees to assess the extent of zonular instability and determine whether more extensive intervention with capsular tension rings is required. A hook passed through one paracentesis is used to retract the iris and is then passed between the intraocular lens (IOL) and the posterior capsule to center and elevate the IOL so that the lens haptic can be visualized through the iris during the placement of the suture. A single-armed 10-0 polypropylene suture on a long, curved needle is advanced through the cornea and iris, behind the lens haptic, back up through the iris, and out through the cornea in a single pass while the IOL is maintained in proper position by hooks or micro-graspers. The needle is removed. The anterior chamber is entered through two adjacent incisions made within the bed of the scleral pocket. A hook or micro-grasper is passed through each incision to retrieve the suture material on each side of the iris. The suture is tied using a slip knot. The knot is gradually tightened and IOL centration monitored until the lens is well-centered. The knot it locked.. The suture ends are trimmed and repositioned back into the anterior chamber. The viscoelastic is removed via the paracenteses using aspiration. The pressure in the eye is adjusted with injection of balanced salt solution into the anterior chamber. The paracenteses are tested for watertightness and sutured if necessary. The lid speculum and drapes are removed. The eye is patched and shielded with antibiotic ointment.

Description of Post-Service Work: The outcome of the procedure is discussed with the patient and the patient's family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record, and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

Four postoperative visits are typical and include visual acuity and intraocular pressure checks, and slit lamp examinations. Three of the visits include dilated examinations of the macula for cystoid edema and the peripheral retina for breaks.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	John Thompson, MD; Samuel Masket, MD; David Glasser, MD (Pre Facilitation Only) Ankoor Shah, MD (Pre Facilitation Only)					
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists					
CPT Code:	66682					
Sample Size:	2750	**Resp N:**	34			
Description of Sample:	Random sample of 2,700 practicing ophthalmologists across the subspecialties of comprehensive, cornea, anterior segment, and cataract. Additional survey of a manufacturer-provided list of 50 physicians known to have performed the procedure.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	5.00	50.00
Survey RVW:	6.27	10.87	**12.30**	13.82	15.00
Pre-Service Evaluation Time:			**34.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**7.00**		
Intra-Service Time:	15.00	35.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**92.00**	99211x **0.00** 12x **0.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	66682	**Recommended Physician Work RVU: 10.87**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**7.00**	**15.00**	**-8.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**85.00**	99211x **0.00** 12x **1.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66982	090	10.25	**RUC Time**

CPT Descriptor 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66170	090	13.94	**RUC Time**

CPT Descriptor Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57250	090	10.08	**RUC Time**	7,699

CPT Descriptor 1 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54437	090	11.50	**RUC Time**	64

CPT Descriptor 2 Repair of traumatic corporeal tear(s).

Other Reference CPT Code	Global	Work RVU	Time Source
67316	090	10.31	**RUC Time**

CPT Descriptor Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 38.2 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 23.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 66682	Top Key Reference CPT Code: 66982	2nd Key Reference CPT Code: **66170**
Median Pre-Service Time	43.00	35.00	25.00
Median Intra-Service Time	45.00	30.00	45.00
Median Immediate Post-service Time	10.00	6.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	85.0	85.00	179.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**202.00**	**175.00**	**278.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	23%	38%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	31%	69%
Physical effort required	0%	38%	62%

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%	54%	46%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	12%	62%	25%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	0%	100%
Physical effort required	0%	0%	100%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	25%	62%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 66682, *Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)* is in a family of 090-day global iris repair codes with the new CPT code 6X004, *Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed*. CPT 66680, *Repair of iris, ciliary body (as for iridodialysis)* is also in the family. All three services are being reviewed at this meeting.

CPT 66682 is most often performed to repair a decentered intraocular lens (IOL) in a pseudophakic patient. Claims volume was 1,362 in 2021 and has not been increasing. The code is Harvard valued and has never been RUC-reviewed. It is typically performed in conjunction with another surgical procedure, either vitrectomy (CPT 67036 or 67010), IOL exchange (CPT 66986), or secondary IOL insertion (CPT 66985). All of these are subject to the 50% multiple procedure payment reduction. CPT 66682 is not performed over 50% of the time with any single one of these procedures.

The evolution of the existing procedures in this family, CPT 66680 and 66682, as well as the survey data, support an increase in work values.

Compelling Evidence

We present compelling evidence for an increase in value for both existing codes in this family, CPT 66680 and 66682, based on changes in:

- Technique
- Physician time
- Incorrect assumptions made in previous valuation

The operative techniques employed in small incision repair of the iris (McCannel suture) have changed dramatically since the procedure was first described in 1976.[1]

The typical case involves re-fixation and centration of a dislocated IOL. More options for repair exist than in 1992, including newer iris and scleral fixation techniques, use of capsular tension rings, the ability to release synechiae that were previously considered inoperable, and newer vitrectomy techniques to remove vitreous that may be present.[2-6] These options need to be considered pre-operatively and discussed with the patient, as the technique chosen is influenced by intra-operative findings. None of these advances in operative technique represent new technology.

During surgery, a single long needle pass made without direct visualization followed by retrieval of the suture has been supplanted with the use of iris hooks and retractors to inspect the lens/capsular bag complex for the extent of zonular instability and presence of vitreous in the anterior or posterior chamber. Viscoelastic and blunt dissection are now used to release anterior and posterior synechiae that were previously left untreated. Hooks and micro-graspers have been refined so that they may now be used to position the IOL and facilitate more precise passage of the needle to capture the IOL haptic, resulting in better lens centration, less lens tilt, and less pupil distortion than in the past. Reverse scleral (Hoffman) pockets are now created to reduce the risk of suture erosion (in comparison to no pockets in the past). Capsular tension rings and scleral fixation techniques are available when needed for cases with more severe zonular or capsular damage requiring additional stability.

Increased physician surgical time is required to accomplish detailed dissection and more precise needle placement used to better center the IOL, restore more normal iris and pupil anatomy, and reduce segmental angle closure due to anterior synechiae. The additional intraocular manipulations lead to better visual outcomes than were typical 30 years ago.

Harvard data used for development of the work values in 1992 are so out-of-date that they are regularly demonstrated to be inaccurate when compared to more recent RUC survey data. While the difference usually results in reduced times and work values, in this case the intra-service time increased. In addition, Harvard data fails to recognize the pre-service evaluation time and the intensity and complexity of the procedure as currently performed.

RUC Survey

We surveyed a random sample of members the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgeons ("AAO/ASCRS" data}. Because iris prosthesis insertion is performed by few ophthalmologists at this time, we also randomly surveyed a list obtained from VEO Ophthalmics, the marketer of the only FDA-approved version of the prosthesis, of all US surgeons who have implanted it ("VEO" data). We present the data from each random survey in addition to the combined data.

We received 34 responses (30 AAO/ASCRS, 4 VEO). The expert panel of members from AAO, which is familiar with the procedure and the RUC process, reviewed the survey findings.

The vignette was considered typical by 82% (83% AAO/ASCRS, 75% VEO). The service performance rates were low, with 18% (6/34) non-performers. This is not unusual for a complex procedure which is infrequently performed and

performed by few ophthalmologists. The median performance rate was 3. Nevertheless, based on pre-facilitation discussions, we present the performer and non-performer data separately in the Summary Spreadsheet. The separate analysis did not alter our recommendations.

As detailed in the "Services Reported with multiple CPT Codes" section of the SOR, CPT 66682 is typically performed with one or more same-day surgical procedures, most commonly vitrectomy or intraocular lens (IOL) insertion or exchange. This is due to the complex nature of these cases. Ocular comorbidities or inability to adequately recenter an existing IOL often necessitate additional intraoperative interventions. These procedures are all subject to the 50% multiple procedure payment reductions (MPPR). CPT 66682 is not typically performed with a same-day office visit. Therefore, we did not adjust any of our recommendations for same-day procedures.

The current work value of CPT 66682 is 7.33 RUV with an IST of 38 minutes. The survey median work value was 12.30 RVU (12.30 AAO/ASCRS, 12.75 VEO) and the 25th percentile was 10.87 RVU (10.45 AAO/ASCRS, 11.88 VEO). The median IST was 45 minutes (45 AAO/ASCRS, 60 VEO).

The top key reference service (KRS), chosen by 38%, was CPT 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* (RUC 2019), with a work value of 10.25 RVU, an IST of 30 minutes, and a total time of 175 minutes. The second reference service for both groups, chosen by 24%, was CPT 66170, *Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery* (RUC 2015), with a work value of 13.94 RVU, an IST of 45 minutes, and a total time of 278 minutes.

Respondents rated the surveyed code higher than the KRS on overall intensity/complexity and all the submeasures except psychological stress, which was rated identical. The surveyed code was rated higher than the second reference service on overall intensity/complexity and all submeasures.

None of the RSL codes was chosen by a majority of respondents. The only other codes chosen by greater than 10% of respondents were CPT 67036, Vitrectomy, mechanical, pars plana approach; (RUC 2013), with a work value of 12.13 RVU, an IST of 50 minutes, and a total time of 250 minutes; and CPT 66183, Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach (RUC 2013), with a work value of 13.20 RVU, an IST of 45 minutes, and a total time of 257 minutes. The total times are substantially greater than that of the surveyed code.

The survey median IST of 45 minutes is appropriate for the surgical manipulations required to release adhesions to the cornea, anterior chamber angle, and IOL, capture and center the IOL with hooks or micro-graspers, create the Hoffman pocket, and place the sutures necessary to maintain a well-centered IOL with no tilt. This time is longer than the current Harvard value, which is a marked departure from the significant decrease in ISTs usually seen when Harvard-valued codes are surveyed. This is consistent with the increased intra-operative work compared to the techniques employed in 1992.

The survey responses found four level-3 postoperative visits (AAO/ASCRS: four level 3; VEO: one level 4 and three level 3). The panel agreed with four postoperative visits. We reduced the level of the one-day postoperative visit to level 2. This is a pressure and visual acuity check and slit lamp exam to assess inflammation, gross IOL centration, and wound integrity. Additional postop visits are typically performed one week, one month, and two to three months after surgery. These are level 3 visits including a dilated examination to visualize the edge of the IOL for more precise assessment of centration and stability, and a careful examination of the macula for cystoid edema and the peripheral retinal for breaks. This is in addition to the typical vision and pressure checks and slit lamp exam performed for a level 2 postoperative visit. Inflammation is typically significant due to iris manipulation, requiring management with frequent adjustments of topical NSAID and corticosteroid medications at each visit.

We chose pre-service package 3 (straightforward patient, difficult procedure). These are complex cases with multiple potential ocular comorbidities and multiple potential surgical interventions which must be evaluated and discussed with the patient. We reduced the survey pre-service evaluation time from 34 minutes to the package value of 33 minutes. We reduced the survey positioning time of 5 minutes to the package time of 3 minutes. We reduced the package scrub/dress/wait time from 15 minutes to match the survey time of 7 minutes. Profound anesthesia is required for the uveal manipulations in these cases, necessitating a longer wait for the anesthetic injection to take effect than for uncomplicated lens surgery.

We used the survey post-service time median of 10 minutes, which is less than the 18 minutes of post-service time package 7A (local anesthesia, straightforward procedure), and one-half of a 99238 visit for discharge day management as is RUC protocol for outpatient procedures. Although respondents did not report a discharge day management service, we note that ophthalmologists never bill these codes because they don't manage inpatients. Respondents would be unfamiliar with these codes and would not be expected to choose them in the survey. Nevertheless, the work and time are required. Inclusion of half of a discharge day management service is standard across almost all outpatient surgical procedures and has been included even in the absence of survey support. Excluding it would distort the relativity in the database.

Total recommended time for the procedure is 202 minutes, with an IST of 45 minutes.

A RUC database search for 45-minute IST 090-day global codes surveyed within the past 10 years returned 15 results with work values ranging from 5.42 to 13.94 RVU. None were a match for number and level of postoperative visits. The closest match for total time with 199 minutes is CPT 19328, *Removal of intact breast implant* (RUC 2019), with six postoperative visits, a much shorter evaluation time, and a work value 7.44, well below the survey 25th percentile value. The IWPUT of this code is also well below that of any intraocular procedure, making it a poor comparison.

We recommend the survey 25th percentile estimate of work value of 10.87 RVU. This value is supported by CPT 67316, Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique) (RUC 2020), with a work value of 10.31 RVU, an identical IST of 45 minutes, and one less postop visit. This value also maintains the rank order with the other existing service in the family, CPT 66680 (iridodialysis repair).

We recommend a work value of 10.87 RVU for CPT 66682, the survey 25th percentile, with times of 43/45/10 and a total time of 202 minutes.

References

1. McCannel MA. A retrievable suture idea for anterior uveal problems. Ophthalmic Surg. 1976 Summer;7(2):98-103. PMID: 778720.
2. Cionni RJ, Osher RH. Management of profound zonular dialysis or weakness with a new endocapsular ring designed for scleral fixation. J Cataract Refract Surg. 1998 Oct;24(10):1299-306. doi: 10.1016/s0886-3350(98)80218-6. PMID: 9795841.
3. Osher RH, Snyder ME, Cionni RJ. Modification of the Siepser slip-knot technique. J Cataract Refract Surg. 2005 Jun;31(6):1098-100. doi: 10.1016/j.jcrs.2004.11.038. PMID: 16039481.
4. Condon GP, Masket S, Kranemann C, Crandall AS, Ahmed II. Small-incision iris fixation of foldable intraocular lenses in the absence of capsule support. Ophthalmology. 2007 Jul;114(7):1311-8. doi: 10.1016/j.ophtha.2007.04.018. PMID: 17613327.
5. Budoff G, Miller CG, Halperin SJ, Jeng-Miller KW, Fine HF, Wheatley HM, Prenner JL. One-year outocmes of a novel technique for rescuing and scleral fixating a posterior dislocated intraocular lens-bag complex with conjunctival opening (Hoffman pockets). Retina. 2016 Oct;36(10):1935-40.
6. Yamane S, Sato S, Maruyama-Inoue M, Kadonosono K. Flanged Intrascleral Intraocular Lens Fixation with Double-Needle Technique. Ophthalmology. 2017 Aug;124(8):1136-1142. doi: 10.1016/j.ophtha.2017.03.036. Epub 2017 Apr 27. PMID: 28457613.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	CPT	Global	RVU	Pre	Intra	Post	Total Time	% Billed Together
3.	67036	090	12.13	51	50	149	250	35.5%
4.	66985	090	9.98	48	40	139	227	27.6%
5.	66986	090	12.26	60	90	110	260	27.6%

6. These are complex cases which may include other significant comorbidities secondary to complications of prior cataract surgery. A pars plana vitrectomy (CPT 67036) is necessary when an intraocular lens is dislocated posteriorly. A secondary IOL (CPT 66985) is needed if no IOL was inserted during the prior cataract procedure. A lens exchange is needed if the existing IOL is damaged or of a type that cannot be fixated with sutures. Each of these procedures is subject to the MPPR

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 66682

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on Medicare claims data

Specialty Ophthalmolgy Frequency 2700 Percentage 100.00 %

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? 1,362
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2021 Medicare claims data

Specialty Ophthalmology Frequency 1362 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 66682

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:6X004 Tracking Number A3 Original Specialty Recommended RVU: **12.80**
Presented Recommended RVU: **12.80**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **12.80**

CPT Descriptor: Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 44-year-old male patient presents with acquired aniridia from a penetrating injury to the left eyelid, cornea, iris, and lens. Emergency treatment at the time of the injury stabilized the left eye, however the patient has persistent debilitating glare from partial aniridia. The surgeon implants an artificial iris in front of the previously implanted intraocular lens.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 23% , In the ASC 77%, 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 100% , 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 preoperative work-up, including the patient's medical history, physical examination findings, and laboratory study results, is reviewed. The operative eye is marked. The patient's questions are answered, and informed consent is obtained. The patient is positioned on the operating room table, and a surgical time-out is performed. Local (peribulbar or retrobulbar) anesthesia is administered. A surgical scrub is performed, and sterile gloves and gown are donned. The eye is prepped and draped in the usual sterile fashion. A plastic adhesive drape is applied and incised. A lid speculum is inserted. The operating microscope is swung into position and adjusted.

Description of Intra-Service Work: A paracentesis is made into the anterior chamber superiorly. A self-sealing clear corneal incision is made temporally. A vitrectomy handpiece is inserted through the corneal incision and a chamber maintainer is placed in the paracentesis. Vitreous present in the anterior chamber is removed with the high-speed vitreous cutter and aspiration.

A viscoelastic agent is injected to deepen the anterior chamber. Viscoelastic and sharp dissection are used to release synechiae between the remaining iris anteriorly and the lens capsule and intraocular lens posteriorly. Necrotic iris tissue is excised. Bleeding is controlled with intraocular epinephrine and injection of additional viscoelastic. Centration and stability of the intraocular lens (IOL) are tested with hooks. The IOL/capsular bag complex is centered and stabilized with a capsular tension ring. A scleral pocket and polypropylene or Gortex scleral sutures are placed as needed.

Radial incisions are placed in areas of fibrotic anterior capsule to relieve capsular phimosis. A 27-gauge needle attached to a viscoelastic syringe is used to dissect the anterior lens capsule from the surface of the IOL.

Calipers are used to measure the white-to-white distance to size the artificial iris implant. The implant is trephined to the appropriate diameter. Microscissors are used to create 2 peripheral iridotomies in the implant. The implant is loaded into an injection cartridge lined with viscoelastic. The cartridge tip is inserted through the corneal incision and the implant is advanced into the anterior chamber. Hooks are used to position the implant in the capsular bag if the capsule has been fully freed from the IOL surface. Otherwise, the implant is placed in the sulcus anterior to the capsular bag/IOL complex. Polypropylene sutures are used as needed to stabilize the implant when there are peripheral defects in the zonular support system.

Remaining viscoelastic is aspirated with an irrigation/aspiration/cutter handpiece. Any residual vitreous is removed from the anterior chamber with the vitrectomy handpiece. The pressure in the eye is adjusted with the injection of intraocular balanced salt solution. The incisions are tested for integrity and corneoscleral sutures placed as needed. The lid speculum and drapes are removed. The eye is patched and shielded with antibiotic ointment.

Description of Post-Service Work: The outcome of the procedure is discussed with the patient and the patient's family. Instructions on activity limitations and follow-up are given and explained. A note is placed in the patient's medical record, and an operative report is completed. Correspondence for the referring doctor is prepared. Prescriptions are written for postoperative medications.

Four postoperative visits are typical, and include visual acuity and intraocular pressure checks, slit lamp examinations, gonioscopy to assess the status of the anterior chamber angle, and examination of the peripheral retina for breaks.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	John Thompson, MD; Samuel Masket, MD; David Glasser, MD (Pre Facilitation Only) Ankoor Shah, MD (Pre Facilitation Only)					
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists					
CPT Code:	6X004					
Sample Size:	2750	**Resp N:**	31			
Description of Sample:	Random sample of 2,700 practicing ophthalmologists across the subspecialties of comprehensive, cornea, anterior segment, and cataract. Additional survey of a manufacturer-provided list of 50 physicians known to have performed the procedure.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	2.00	10.00
Survey RVW:	9.25	12.80	**14.01**	15.50	25.00
Pre-Service Evaluation Time:			**55.00**		
Pre-Service Positioning Time:			**8.00**		
Pre-Service Scrub, Dress, Wait Time:			**7.00**		
Intra-Service Time:	20.00	45.00	**60.00**	90.00	150.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**92.00**	99211x **0.00** 12x **0.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	6X004	**Recommended Physician Work RVU: 12.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**7.00**	**15.00**	**-8.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**92.00**	99211x **0.00** 12x **0.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66170	090	13.94	**RUC Time**

CPT Descriptor Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66982	090	10.25	**RUC Time**

CPT Descriptor 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	18,874

CPT Descriptor 1 Sling operation for stress incontinence (eg, fascia or synthetic).

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	13.16	**RUC Time**	39,991

CPT Descriptor 2 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included).

Other Reference CPT Code	Global	Work RVU	Time Source
67039	090	13.20	**RUC Time**

CPT Descriptor Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation

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: 18 **% of respondents:** 58.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 6X004	Top Key Reference CPT Code: 66170	2nd Key Reference CPT Code: **66982**
Median Pre-Service Time	43.00	25.00	35.00
Median Intra-Service Time	60.00	45.00	30.00
Median Immediate Post-service Time	10.00	10.00	6.00
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	19.0	19.00	19.00
Median Office Visit Time	92.0	179.00	85.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**224.00**	**278.00**	**175.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	6%	22%	72%

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%	11%	89%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	6%	94%
Physical effort required	0%	11%	89%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	11%	89%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	17%	50%

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%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
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	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

6X004, *Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed* is a new 090-day global CPT code which describes insertion of an artificial iris into an eye with a partial or complete iris defect due to a congenital defect or surgical or non-surgical trauma. These patients suffer disabling glare and/or monocular diplopia.

CPT 6X004 replaces three Category III codes, each of which described a separate clinical scenario: stand-alone insertion (0616T), insertion combined with complex or non-complex cataract and IOL surgery (0617T), and insertion combined with

secondary IOL insertion or IOL exchange (0618T). The three Category III codes were replaced with a single Category I code to simplify reporting.

It is expected that CPT 6X004 will typically be reported with one or more same-day surgical procedures. It is not anticipated that any specific code combinations will predominate or come close to the 75% threshold necessitating creation of a combination code. Medicare claims data is sparse, with only 42 claims in 2021. Fifteen cases (36%) were performed without concomitant surgery. Nine (21%) were performed with either complex or standard cataract/IOL surgery, which will now be reported separately with either CPT 66982 or 66984. Eighteen (43%) were performed with either a secondary IOL or IOL exchange, which will now be reported separately with either CPT 66985 or 66986. When 6X004 is reported with any of these other services, it will be subject to the 50% multiple procedure payment reduction. Iris prosthesis insertion is not typically performed with a same-day office visit. Therefore, we did not adjust any of our recommendations for same-day procedures.

The other 090-day global codes in the iris repair family which are being reviewed at this meeting are CPT 66680, *Repair of iris, ciliary body (as for iridodialysis)*, and CPT 66682, *Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)*.

We surveyed a random sample of members the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgeons ("AAO/ASCRS" data}. Because iris prosthesis insertion is performed by few ophthalmologists at this time, we also randomly surveyed a list obtained from VEO Ophthalmics, the marketer of the only FDA-approved version of the prosthesis, of all US surgeons who have implanted it ("VEO" data). We present the data from each random survey in addition to the combined data.

We received 31 responses (27 AAO/ASCRS/4 VEO). The expert panel of members from AAO, which is familiar with the procedure and the RUC process, reviewed the survey findings.

The vignette was considered typical by 84% (81% AAO/ASCRS, 100% VEO). The service performance rates were low, with 42% (13/31) non-performers. This is not unusual for a complex procedure which is infrequently performed and performed by few ophthalmologists. The iris prosthesis device was approved by the FDA under the humanitarian device exemption due to its infrequent utilization. The median performance rate was 1. Nevertheless, based on pre-facilitation discussions, we present the performer and non-performer data separately in the Summary Spreadsheet. The separate analysis did not alter our recommendations.

The survey median work value was 14.01 RVU (14.00 AAO/ASCRS, 15.93 VEO) and the 25th percentile was 12.80 RVU (12.55 AAO/ASCRS, 13.89 VEO). The median IST was 60 minutes (60 AAO/ASCRS, 83 VEO).

The top key reference service (KRS) for both groups, chosen by 58%, was CPT 66170, *Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery* (RUC 2015), with a work value of 13.94 RVU, an IST of 45 minutes, and a total time of 278 minutes. The second reference service for both groups, chosen by 19%, was CPT 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* (RUC 2019), with a work value of 10.25 RVU, an IST of 30 minutes, and a total time of 175 minutes.

Respondents ranked the surveyed code much higher than the KRS on the overall intensity/complexity index and on each of the submeasures. They ranked the surveyed code higher than the second reference service on the overall intensity/complexity measure and the submeasures other than physical effort and psychological stress, which they rated identical.

The only other RSL code chosen by greater than 10% of respondents was CPT 66183, Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach (RUC 2013), with a work value of 13.20 RVU, an IST of 45 minutes, and a total time of 257 minutes.

The panel agreed with the survey median IST of 60 minutes as necessary for the multiple complex intraocular maneuvers required to prepare the eye for insertion of the iris prosthesis. These typically include micro-dissection of remaining iris tissue, removing adhesions in the angle, to the cornea, and to the lens or intraocular lens and lens capsule, control of

intraocular bleeding, removal of vitreous from the anterior segment, and opening a space in the posterior chamber or within the capsular bag for placement of the prosthesis. These maneuvers are described in greater detail in the description of intra-service work.

The survey respondents reported four postoperative visits (4 AAO/ASCRS, 6 VEO), all level 3. The panel agreed with the number and level of postoperative visits. Postoperative visits typically occur 1 day, 1 week, 2-4 weeks, and 6-12 weeks after surgery. These are very unstable eyes with unstable intraocular pressure (IOP), significant inflammation, and risk of angle closure from development or recurrence of synechiae. In addition to the visual acuity, pressure check and slit lamp examination commensurate with a level 2 visit, examination of the angle with gonioscopy to check for synechia formation and proper sizing and centration of the iris prosthesis is performed at every postoperative visit. An examination of the peripheral retina for breaks is performed at the second, third, and fourth postoperative visits. Examining the peripheral retina is difficult and time-consuming in these patients because they cannot be dilated; the pupil is fixed by the prosthesis. Additionally, frequent medication adjustments to antibiotics, steroids, and nonsteroidal medications are made at each visit.

We chose pre-service package 3 (straightforward patient, difficult procedure). These are typically complex cases with multiple ocular comorbidities requiring extensive pre-operative assessment and discussion with the patient. We reduced the survey pre-service evaluation time of 55 minutes to the package time of 33 minutes. We reduced the survey positioning time of 8 minutes to the package time of 3 minutes. We reduced the package scrub/dress/wait time from 15 minutes to match the survey time of 7 minutes. Profound anesthesia is required for the uveal manipulations in these cases, necessitating a longer wait for the anesthetic injection to take effect than for uncomplicated lens surgery.

We used the survey post-service time median of 10 minutes, which is less than the 18 minutes of post-service time package 7A (local anesthesia, straightforward procedure), and one-half of a 99238 visit for discharge day management as is RUC protocol for outpatient procedures. Although respondents did not report a discharge day management service, we note that ophthalmologists never bill these codes because they don't manage inpatients. Respondents would be unfamiliar with these codes and would not be expected to choose them in the survey. Nevertheless, the work and time are required. Inclusion of half of a discharge day management service is standard across almost all outpatient surgical procedures and has been included even in the absence of survey support. Excluding it would distort the relativity in the database.

Total recommended time for the procedure is 224 minutes, with an IST of 60 minutes.

A RUC database search for 60-minute IST 090-day global codes surveyed within the past 10 years was conducted. There were 33 results with work values ranging from 6.50 to 16.33 RVU. None were a match for number and level of postoperative visits.

We recommend the survey 25th percentile estimate of 12.80 work RVU. This value maintains the rank order in the family. Three 60-minute IST codes in the database bracket the value. At a slightly lower work value of 12.13, there are MPC 57288, *Sling operation for stress incontinence (eg, fascia or synthetic)* (RUC 2010) with an IST of 60 minutes, 4 postoperative visits (three level 3 and one level 2) and a total time of 246 minutes and CPT 27279, *Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device* (RUC 2018) with an IST of 60 minutes, 3 postoperative visits (two level 3, one level 2), and a total time of 241 minutes. At a higher work value of 13.20 RVU is CPT 67039, *Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation* (RUC 2013), with an IST of 60 minutes, five level 3 postoperative visits, and a total time of 260 minutes.

We recommend a work value of 12.80 RVU for CPT 6X004, the survey 25th percentile, with times of 43/60/10 and a total time of 224 minutes. This code should be placed on the New Technology list.

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. Although there is no existing Medicare claims data, the expert panel anticipates that stand-alone iris prosthesis insertion will comprise a minority of cases. The majority of cases are likely to be performed in eyes with comorbidities requiring either cataract surgery (CPT 66982 or CPT 66984), secondary intraocular lens insertion (CPT 66985), or intraocular lens exchange (CPT 66986). All of these combinations will be subject to the 50% MPPR. It is unlikely that CPT 6X004 will be billed with any one of these procedures over 75% of the time.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0616T, 0617T, 0618T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate

Specialty Ophthalmolgy Frequency 250 Percentage 100.00 %

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? 125
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate. Combined 2021 Medicare claims data for all 3 Category III codes replaced by 6X004 was 42. WIth publication of a Category I code, we estiimate that that may triple.

Specialty Ophthalmology Frequency 125 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 66680

SS Rec Summary

ISSUE: Iris Prosthesis

TAB: 4

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	66982	Extracapsular cataract removal with insertion of intraocular lens	90	2019	11	0.180	0.059			10.25			175	25	3	7			30			6						0.5		3	1							
2nd REF	66183	Fistulization of sclera for glaucoma; trabeculectomy ab	90	2013	10	0.126	0.051			13.20			257	10	5	5			45			10						0.5		5	3							
CURRENT	66680	Repair of iris, ciliary body (as for iridodialysis)	90	Harvard		0.060	0.040			6.39			159	16		15			45			14								3							
Random SVY	66680	Repair of iris, ciliary body (as for iridodialysis)	90		31	0.178	0.068	6.00	10.25	12.13	13.57	15.85	178	29	5	5	15	30	43	47	90	10								1	2			0	1	2	5	50
Targeted SVY	66680	Repair of iris, ciliary body (as for iridodialysis)	90		4	0.094	0.045	10.50	10.50	11.75	13.20	13.80	263	53	8	8	30	42	53	68	90	13						0.5		1	3			0	2	2	4	8
SVY PERFORMERS	66680	Repair of iris, ciliary body (as for iridodialysis)	90		27	0.146	0.058	6.00	10.38	12.13	13.70	15.00	209	29	5	6	15	30	45	60	90	15								1	3			1	2	3	5	50
SVY NON PERFORMERS	66680	Repair of iris, ciliary body (as for iridodialysis)	90		8	0.154	0.053	6.04	9.38	11.50	13.51	15.85	216	35	4.5	6	16	30	37	45	90	10						1.0		1	2			0	0	0	0	0
Combined SVY	66680	Repair of iris, ciliary body (as for iridodialysis)	90		35	0.170	0.067	6.00	10.25	12.13	13.57	15.85	182	30	5	6	15	30	45	54	90	10								1	2			0	1	2	5	50
REC	66680	Repair of iris, ciliary body (as for iridodialysis)	90			0.126	0.056			10.25			182	30	3	6			45			10						0.5		3								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	66982	Extracapsular cataract removal with insertion of intraocular lens	90	2019	13	0.180	0.059			10.25			175	25	3	7			30			6						0.5		3	1							
2nd REF	66170	Fistulization of sclera for glaucoma; trabeculectomy ab	90	2015	8	0.129	0.050			13.94			278	19	1	5			45			10						0.5		5	4							
CURRENT	66682	Suture of iris, ciliary body (separate procedure) with retrieval	90	Harvard		0.079	0.043			7.33			170	20		15			38			16								3.5							
Random SVY	66682	Suture of iris, ciliary body (separate procedure) with retrieval	90		30	0.165	0.066	6.27	10.45	12.30	13.82	15.00	185	27	5	6	15	32	45	60	95	10								4				0	1	3	5	50
Targeted SVY	66682	Suture of iris, ciliary body (separate procedure) with retrieval	90		4	0.108	0.050	11.50	11.88	12.75	13.63	14.00	256	58	8	8	35	54	60	75	120	13								1	3			1	2	4	7	10
SVY PERFORMERS	66682	Suture of iris, ciliary body (separate procedure) with retrieval	90		28	0.138	0.059	9.50	11.88	13.10	13.96	15.00	223	38.5	5	6.5	15	35	54	60	120	10								1	3			1	2	4	6	50
SVY NON PERFORMERS	66682	Suture of iris, ciliary body (separate procedure) with retrieval	90		6	0.179	0.063	6.27	8.33	10.25	11.00	12.55	164	28	4	6	16	28	33	35	35	5						0.5		3				0	0	0	0	0
Combined SVY	66682	Suture of iris, ciliary body (separate procedure) with retrieval	90		34	0.161	0.064	6.27	10.87	12.30	13.82	15.00	193	34	5	7	15	35	45	60	120	10								4				0	1	3	5	50
REC	66682	Suture of iris, ciliary body (separate procedure) with retrieval	90			0.128	0.054			10.87			202	33	3	7			45			10						0.5		3	1							

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	66170	Fistulization of sclera for glaucoma; trabeculectomy ab	90	2015	18	0.129	0.050			13.94			278	19	1	5			45			10						0.5		5	4							
2nd REF	66982	Extracapsular cataract removal with insertion of intraocular lens	90	2019	6	0.180	0.059			10.25			175	25	3	7			30			6						0.5		3	1							
CURRENT	N/A		90	N/A	N/A	-	-			NA			####						NA																			
Random SVY	6X004	Implantation of iris prosthesis, including suture fixation and	90		27	0.142	0.061	9.25	12.55	14.00	15.40	25.00	229	55	5	7	20	45	60	90	120	10								4				0	0	1	1	10
Targeted SVY	6X004	Implantation of iris prosthesis, including suture fixation and	90		4	0.087	0.046	12.50	13.89	15.93	18.13	20.00	345	73	10	9	60	72	83	105	150	13						0.5		6				1	2	3	5	5
SVY PERFORMERS	6X004	Implantation of iris prosthesis, including suture fixation and	90		18	0.081	0.045	12.50	14.53	15.40	16.00	25.00	346	75	10	10	45	60	88	90	150	11.5						0.5		1	4			1	1	1	3	10
SVY NON PERFORMERS	6X004	Implantation of iris prosthesis, including suture fixation and	90		13	0.171	0.069	9.25	10.25	12.00	14.00	14.01	174	26	5	5	20	30	45	55	90	8								3	1			0	0	0	0	0
Combined SVY	6X004	Implantation of iris prosthesis, including suture fixation and	90		31	0.141	0.060	9.25	12.80	14.01	15.50	25.00	232	55	8	7	20	45	60	90	150	10								4				0	0	1	2	10
REC	6X004	Implantation of iris prosthesis, including suture fixation and	90			0.120	0.057			12.80			224	33	3	7			60			10						0.5		4								

FACILITY DIRECT PE INPUTS **CPT CODE(S):_66680, 66682, 6X004_**
SPECIALTY SOCIETY(IES):_AAO, ASRS__
PRESENTER(S):__John Thompson MD, Samuel Masket MD, David Glasser MD (Pre-Facilitation only), Ankoor Shah MD (Pre-facilitation only)__

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2023

CPT Code	Long Descriptor	Global Period
66680	Repair of iris, ciliary body (as for iridodialysis)	090
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	090
6X004	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
66680	A 24-year-old man has an iridodialysis following blunt trauma to the right eye. He complains of poor vision and diplopia and is referred for iris repair.
66682	A 75-year-old man had complicated cataract surgery with intraocular lens implantation resulting in a decentered lens in the left eye. He complains of monocular diplopia and is referred for iris fixation of the lens with a McCannel suture.
6X004	A 44-year-old male patient presents with acquired aniridia from a penetrating injury to the left eyelid, cornea, iris, and lens. Emergency treatment at the time of the injury stabilized the left eye, however the patient has persistent debilitating glare from partial aniridia. The surgeon implants an artificial iris in front of the previously implanted intraocular lens.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. 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:

   66680, 66682 are existing codes and used as references.
   6X004 is a new code which was previously billed as either 0616T, 0617T, or 0618T (category 3 codes). Since all of them have no inputs and one reference codes is requested, we have included code 66982 which is the secondary KRS. We did not choose the primary KRS because lasers are not required in the postop period for this code

   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?

   No.

   See the *Billed Together* tab in the RUC Database.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A for 66680 and 66682 due to decreases in PE. N/A for 6X004 since this is a new code.

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:

All the iris repair codes are major surgery with a 90-day global. Standard inputs are used during the pre-service period (CA001-CA005) consistent with PEAC recommendations for 90-day global procedures. They have been broken down from the 60 minutes total previously listed into the component parts that match standard inputs for 90-day global procedures.

   b. Service period (includes pre, intra and post):

This time accounts for the standard inputs of ½ same day discharge management.

   c. Post-service period:

This time accounts for staff time during postoperative visits. Standard times were used based on the level of postoperative office visit as determined by the RUC-approved survey data for this code. These would be adjusted if changed by the RUC. **66680:** Standard inputs for three 99213 postop visits are included. **66682:** Standard inputs for three 99213 and one 99212 postop visits are included. **6X004:** Standard inputs for four 99213 postop visits are included.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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. ☒ 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 4th 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?
    Yes – established ophthalmology packs both with and without dilation.

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 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

SA082 Ophthalmology packs w-dilation – These are included for each 99213 postop visits for each of the two codes (66680, 66682) which require dilation. They are excluded for 6X004 (even though these are 99213 level visits), because with an iris prosthesis pharmacologic dilation is not possible. SA050 Ophthalmology packs no dilation – These are included for the 99212 visit for 66682 and all 99213 visits for 6X004 since pharmacological dilation is not possible.

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th 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 Latitute 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 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EL005 – exam lane – the total time required is based on standard inputs for postoperative follow up visits. This applies for all three codes for the postop visits that require dilation (66680, 66682, 6X004). EL006 – screening lane – the total time for postop visits that don't require a dilated exam have been put in this category

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?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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):_66680, 66682, 6X004_**
SPECIALTY SOCIETY(IES):_AAO, ASRS__
PRESENTER(S):__John Thompson MD, Samuel Masket MD, David Glasser MD (Pre-Facilitation only), Ankoor Shah MD (Pre-facilitation only)__

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. *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.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet						CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		Reference		RECOMMENDED	
2							66680		66680		66682		66682		66982		6X004	
3		*RUC Collaboration Website*					Repair of iris, ciliary body (as for iridodialysis)		Repair of iris, ciliary body (as for iridodialysis)		Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision		Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision		Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure),		Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	
4	Clinical Activity Code	Meeting Date: April 2023 Revision Date (if applicable): Tab: 4 Specialty: AAO, ASRS	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute												
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD					N/A	090	N/A	090	N/A	090	N/A	090	N/A	090	N/A	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		TOTAL CLINICAL STAFF TIME		L038A			0.0	174.0	0.0	174.0	0.0	192.0	0.0	201.0	0.0	201.0	0.0	210.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L038A			0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L038A			0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME		L038A			0.0	108.0	0.0	108.0	0.0	126.0	0.0	135.0	0.0	135.0	0.0	144.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD																
14		Start: Following visit when decision for surgery/procedure made																
15	CA001			L038A						5				5		5		5
16	CA002			L038A						20				20		20		20
17	CA003			L038A						8				8		8		8
18	CA004			L038A						20				20		20		20
19	CA005			L038A						7				7		7		7
20	CA006			L038A														
21	CA007			L038A														
22	CA008			L038A				60				60						
23				L038A														
26		*Other activity: please include short clinical description here and type new in column A*		L038A														
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			L038A														
34	CA010			L038A														
35	CA011			L038A														
36	CA012			L038A														
37	CA013			L038A														
38	CA014			L038A														
39	CA015			L038A														
40	CA016			L038A														
41	CA017			L038A														
42				L038A														
45		*Other activity: please include short clinical description here and type new in column A*		L038A														
48		Intra-service (of service period)																
49	CA018			L038A														
50	CA019			L038A														
51	CA020			L038A														
52	CA021			L038A														
55				L038A														
56		*Other activity: please include short clinical description here and type new in column A*		L038A														
59		Post-Service (of service period)																
60	CA022			L038A														
61	CA023			L038A														
62	CA024			L038A														
63	CA025			L038A														
64	CA026			L038A														
65	CA027			L038A														
66	CA028			L038A														
67	CA029			L038A														
68	CA030			L038A														
69	CA031			L038A														
70	CA032			L038A														
71	CA033			L038A														
72	CA034			L038A														
73	CA035			L038A														
74	CA036			L038A			n/a	6	n/a	6	n/a	6	n/a	6	n/a	6	n/a	6
75				L038A														
78		*Other activity: please include short clinical description here and type new in column A*		L038A														
81		End: Patient leaves office/facility																
82		POST-SERVICE PERIOD																
83		Start: Patient leaves office/facility																
84	CA037			L038A														
85	CA038			L038A														
86		*Office visits: List Number and Level of Office Visits*		MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes		16														
88		99212 27 minutes		27										1		1		
89		99213 36 minutes		36				3		3		3.5		3		3		4
90		99214 53 minutes		53														
91		99215 63 minutes		63														
92	CA039			L038A			0.0	108.0	0.0	108.0	0.0	126.0	0.0	135.0	0.0	135.0	0.0	144.0
93				L038A														
96		*Other activity: please include short clinical description here and type new in column A*		L038A														
99		End: with last office visit before end of global period																

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**Reference**		**RECOMMENDED**	
2							**66680**		**66680**		**66682**		**66682**		**66982**		**6X004**	
3		***RUC Collaboration Website***					Repair of iris, ciliary body (as for iridodialysis)		Repair of iris, ciliary body (as for iridodialysis)		Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision		Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision		Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure),		Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	
4	**Clinical Activity Code**	**Meeting Date: April 2023 Revision Date (if applicable): Tab: 4 Specialty: AAO, ASRS**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**												
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**N/A**	**090**	**N/A**	**090**	**N/A**	**090**	**N/A**	**090**	**N/A**	**090**	**N/A**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		**TOTAL CLINICAL STAFF TIME**		L038A			**0.0**	**174.0**	**0.0**	**174.0**	**0.0**	**192.0**	**0.0**	**201.0**	**0.0**	**201.0**	**0.0**	**210.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L038A			**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L038A			**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L038A			**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**126.0**	**0.0**	**135.0**	**0.0**	**135.0**	**0.0**	**144.0**
100	**Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**													
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
102	SA082							3		3		3.5		3		3		
103	SF006							1										
104	SH049							20				80						
105	SH057							1				4						
106	SJ041							15				130						
107	SG046											8						
108	SG049											4						
109	SG056											4						
110	SG079											48						
111	SH011											0.8						
112	SH074											1						
113	SJ028											120						
114	SA050													1		1		4
115																		
116		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*	*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice in column B, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*															
118	**Equipment Code**	**EQUIPMENT**		**Purchase Price**	**Equipment Formula**	**Cost Per Minute**												
119		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
120	EL005							108.0		108.0		126.0		108.0		108.0		144.0
121	EL006													27		27		
122																		
123																		
124																		
125																		
126		*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.*	*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice in column B, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*															
128																		
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AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2023

Optical Coherence Tomography – Tab 5

At the February 2023 CPT Editorial Panel meeting, CPT code 9X059 was created in response to new technology which allows imaging of the retina using optical coherence tomography (OCT) with and without non-dye OCT angiography (OCT-A). This new Category I code describes a combined imaging procedure, which was previously reported with CPT code 92134, OCT of the retina. Two other OCT services, 92132 and 92133, are in the same family of XXX global OCT codes as 9X059 and 92134. All four codes were reviewed and surveyed for the April 2023 RUC meeting.

The survey was sent to a random sample of ophthalmologists and optometrists from the three participating specialty societies. In reviewing the 75 survey responses for CPT code 9X059, it was apparent to the specialty societies that the survey instructions were unclear as the collected survey data reflected intra-service time estimates that were far below the physician work specified in the CPT descriptor for 9X059. The specialty societies believed that a significant number of survey respondents failed to understand that 9X059 is a combined study of both standard OCT images(described by 92134) and OCT angiography images. The survey 25th percentile intra-service time for CPT code 92134 was 5 minutes, comparable to the analysis of only the standard OCT images of the retina without angiography. Therefore, the specialty societies believed that the survey median intra-service time of 6 minutes for CPT code 9X059 is an underestimation. The intra-service work associated with CPT code 9X059 involves the same analysis of the standard OCT images as CPT code 92134, but it also includes the OCT angiography component, which is a comprehensive evaluation of the retinal and choroidal vasculature in the posterior segment for evidence of ischemia, microaneurysms and neovascularization. The specialty societies suspected that survey respondents may have only accounted for the OCT angiography component alone and did not appropriately account for the time required to complete the combined study of all the OCT images that are reviewed as part of the physician work within the intra-service time of CPT code 9X059. Being that the median survey intra-service time estimates were identical for CPT codes 92134 and 9X059, the specialty societies determined that 10 minutes (twice the intra time of 92134) of intra-service time was an appropriate estimation to complete the combined study OCT image comparisons.

The RUC agreed with the specialty societies that many of the survey respondents may not have fully understood the differences in intra-service time between CPT codes 92134 and 9X059. To ensure accurate survey results, the specialty societies, and the RUC agreed, that all four services in the OCT code family should be resurveyed for the September 2023 RUC meeting with a targeted survey instrument that has been reviewed and approved by the Research Subcommittee.

The RUC recommends an interim work RVU of 0.31 for CPT code 9X059, which is a direct work RVU crosswalk to CPT code 73523 *Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views* (work RVU = 0.31). The RUC recommends reaffirmation of CPT codes 92132, 92133 and 92134 at their current values as an interim recommendation. **The RUC recommends an interim work RVU of 0.26 for**

CPT code 92132, an interim work RVU of 0.29 for CPT code 92133, an interim work RVU of 0.30 for CPT code 93234, and an interim work RVU of 0.31 for CPT code 9X059. The specialty societies will resurvey CPT codes 92132, 92133, 92134 and 9X059 for the September 2023 RUC meeting in coordination with the Research Subcommittee.

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for the four OCT services in this family and made one modification. An adjustment was made to move the one minute of clinical staff time from CA004 *Provide pre-service education/obtain consent* to CA011 *Provide education/obtain consent* which is the appropriate service period as the patient moves from the screening lane for their first service to the diagnostic room for the OCT service. The PE Subcommittee verified that the typical service for all four OCT services in this family is bilateral even though the CPT descriptors include both unilateral and bilateral. The Subcommittee also reviewed the new equipment item *tomographic device, optical coherence angiography (OCTA)* for CPT code 9X059 and determined that the default formula was appropriate for calculating the equipment minutes. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee. The RUC noted that the resurvey of physician work for September 2023 would not impact these practice expense recommendations.**

New Technology
CPT code 9X059 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
Radiology **Diagnostic Ultrasound** **Head and Neck**				
76510		*Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter*		
76511		*quantitative A-scan only*		
76512		*B-scan (with or without superimposed nonquantitative A-scan)*		
76513		*anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral*		
		(For ~~scanning~~ computerized ophthalmic diagnostic imaging of the anterior and posterior segments using technology other than ultrasound, see 92132, 92133, 92134, 9X059)		
Medicine **Ophthalmology**				

Special Ophthalmological Services				
▲92132	B1	C~~Scanning c~~omputerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral (Do not report 92132 in conjunction with 0730T) (For specular microscopy and endothelial cell analysis, use 92286) (For tear film imaging, use 0330T) (For computerized ophthalmic diagnostic imaging of the optic nerve and retina, see 92133, 92134, 9X059)	XXX	Resurvey for September 2023 Interim work RVU = 0.26 (No Change)
▲92133	B2	C~~Scanning c~~omputerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	XXX	Resurvey for September 2023 Interim work RVU = 0.29 (No Change)
▲92134	B3	retina ~~(Do not report 92133 and 92134 at the same patient encounter)~~ ~~(For scanning computerized ophthalmic diagnostic imaging of the optic nerve and retina, see 92133, 92134)~~	XXX	Resurvey for September 2023 Interim work RVU = 0.30 (No Change)
●9X059	B4	retina, including OCT angiography (Do not report 9X059, 92133, 92134 at the same patient encounter) (Report 9X059 separately when performed at same encounter as 92235, 92240, 92242)	XXX	Resurvey for September 2023 Interim work RVU = 0.31
Ophthalmoscopy *92235* *Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral* *(When fluorescein and indocyanine-green angiography are performed at the same patient encounter, use 92242)* (For optical coherence tomography [OCT] retinal angiography, use 9X059)				

92240	*Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral* *(When indocyanine-green and fluorescein angiography are performed at the same patient encounter, use 92242)* (For optical coherence tomography [OCT] retinal angiography, use 9X059)
92242	*Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral* *(To report fluorescein angiography and indocyanine-green angiography not performed at the same patient encounter, see 92235, 92240)* (For optical coherence tomography [OCT] retinal angiography, use 9X059)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92132 Tracking Number B1 Original Specialty Recommended RVU: **0.26**
Presented Recommended RVU: **0.26**
Global Period: XXX Current Work RVU: **0.30** RUC Recommended RVU: **0.26**

CPT Descriptor: Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral .

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male complains of inability to read small print. The patient has temporal narrowing of the anterior chamber angle in the left eye. Imaging is ordered to evaluate the risk of angle closure.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they 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 records and the reason for the test are reviewed. An order is placed in the electronic health record. The images are displayed.

Description of Intra-Service Work: The quality of the study is evaluated. The images and numerical values are analyzed and referenced to normative data. Prior studies are reviewed if available and compared for evaluation of interval change. The interpretation is entered into the electronic health record.

Description of Post-Service Work: The final report is reviewed and signed. Findings are included in a letter that accompanies the report and is sent to the primary care or referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	John Thompson, MD; Charles Fitzpatrick, OD; Ravi Parikh, MD; David Glasser, MD (Pre Facilitation Only) Ankoor Shah, MD (Pre Facilitation Only)					
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists; American Optometric Association					
CPT Code:	92132					
Sample Size:	2500	**Resp N:**	78			
Description of Sample:	Random sample of 1,500 practicing ophthalmologists across comprehensive, cornea, anterior segment, cataract, and retina subspecialties. Random sample of 1,000 practicing optometrists					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	32.00	1200.00
Survey RVW:	0.12	0.40	**0.50**	0.55	4.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	4.00	**5.00**	10.00	25.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92132	**Recommended Physician Work RVU: 0.26**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92250	XXX	0.40	**RUC Time**

CPT Descriptor Fundus photography with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor 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).

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74019	XXX	0.23	**RUC Time**	301,854

CPT Descriptor 1 Radiologic examination, abdomen; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	27,613

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

Other Reference CPT Code	Global	Work RVU	Time Source
77073	XXX	0.26	**RUC Time**

CPT Descriptor Bone length studies (orthoroentgenogram, scanogram).

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 19.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 92132	Top Key Reference CPT Code: 92250	2nd Key Reference CPT Code: **92083**
Median Pre-Service Time	1.00	1.00	3.00
Median Intra-Service Time	5.00	10.00	10.00
Median Immediate Post-service Time	1.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**12.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	38%	46%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	27%	58%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	42%	58%
Physical effort required	0%	88%	12%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	46%	46%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	33%	60%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	53%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	53%	27%
Physical effort required	13%	67%	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	7%	40%	53%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 92132, *Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral* is in a family of ophthalmic diagnostic imaging codes based on optical coherence tomography. CPT 92134, OCT of the retina, was identified for claims volume growth, which triggered the review. A new code,

CPT 9X059, was created by CPT to separately identify OCT of the retina when combined with OCT angiography. These codes and CPT 92133, OCT of the optic nerve, are being reviewed at this meeting. The family was last reviewed in October 2015.

OCT of the anterior segment is typically performed on patients with clinical appearance of a shallow anterior chamber or narrow anterior chamber angle to assess the risk of angle closure. It is typically performed once but may be repeated if the patient's clinical presentation changes. Claims volume was 43,316 in 2021, representing a gradual 13% decline since its peak in 2016. The procedure, indications, patient population, and instrumentation are unchanged since it was last valued.

CPT 92132 has been performed in conjunction with a same-day office visit 86% of the time.

We surveyed a random sample of members of the American Academy of Ophthalmology, American Society of Retina Specialists, American Glaucoma Society, and American Optometric Association. Ophthalmologist and optometrist data are presented separately and combined.

We received 78 responses (58 MD, 20 OD). The vignette was considered typical by 87% of respondents (88% MD, 85% OD).

The current work value is 0.30 RVU with an IST of 8 minutes. The survey median RVU was 0.50 (0.50 MD, 0.48 OD) and the 25th percentile was 0.40 (0.45 MD, 0.40 OD). The median IST was 5 minutes (5 MD, 5 OD).

The top key reference service (KRS) for both groups, chosen by 33%, was CPT 92250, *Fundus photography with interpretation and report* (RUC 2015), with a work value of 0.40 RVU, an IST of 10 minutes, and a total time of 12 minutes. The second reference service, chosen by both groups at 19%, was CPT 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)* (RUC 2012), with a work value of 0.50 RVU, an IST of 10 minutes, and 26 minutes total time.

Respondents rated the surveyed code higher than the KRS on overall intensity/complexity, mental effort and judgment, and technical skill. They rated them identical on physical effort and psychological stress. The surveyed code was ranked higher than the second reference service on overall intensity/complexity and psychological stress, identical on the other metrics. Optometrists ranked the surveyed code slightly higher than ophthalmologists on some metrics, but the differences were not dramatic.

The expert panel of members from AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings.

Both top reference services have ISTs that are twice the survey median for CPT 92132. The KRS work value matches that of the survey 25th percentile but is greater than the procedure's current value. Absent compelling evidence for an increase in work value, and given the mismatched ISTs, the panel rejected the reference services and the survey 25th percentile as means for valuation.

The survey median IST of 5 minutes is a significant reduction from the current value of 8 minutes. This is a realistic amount of time to determine the adequacy of the study, evaluate the images and

numerical values, compare them to norms, make an interpretation, and enter it into the medical record. The typical anterior segment OCT readout does not present a list of norms, interval change, or an automated analysis.

Because the service is typically performed with a same-day office visit, we reduced the survey median pre-service time of 3 minutes to 1 minute. This time is necessary to review the reason for the test, place an order into the electronic health record, and display the images on the monitor prior to interpretation.

In accordance with the same-day office visit, we reduced our recommendation from the survey median post-service time of 5 minutes to 1 minute. We did not include integrating the results into the treatment plan or explaining the results to the patient in our description of post-service work. Those activities are part of the E/M visit on that day. We maintained one minute of post-service time, which is needed to review and sign the final report and include the findings in a letter to the primary care or referring physician.

As with the other codes in this family, there is no post-service time included in the current valuation. Post-service time for signing the report and communicating with the primary care or referring physician is included in almost all imaging services, indicating that this is the appropriate place for them. For services typically performed with an office visit and reviewed by the RUC within the past 10 years, this work is often listed in the post-service work descriptor and the post-service time, typically 1 minute, is appropriately included in the valuation (e.g., CPT 92250, 92235, 92240, 92245). Signing the report in the EHR and adding the imaging findings and interpretation to the letter to the primary care or referring physician, even though a letter may be part of the office visit, are each separate activities from those included in the office visit and are not part of the E/M or Eye Code office visit. Because these imaging services are billed separately and do not count towards review of data for office E/M services, there is no duplication of work with respect to choosing office visit code levels.

We searched the RUC database for crosswalks and found 21 XXX codes reviewed by the RUC within the past 10 years with 5-minute ISTs and total times of 6-7 minutes. The median work value of these 21 services is 0.25 RVU, with a range of 0.05 to 0.32 RVU.

We chose as a crosswalk CPT 77073, *Bone length studies (orthoroentgenogram, scanogram)* (RUC 2018), with a work value of 0.26 RVU. The IST of 5 minutes and total time of 7 minutes match our recommended values. This value is also supported by CPT 72081, *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (RUC 2015), with identical work values and times.

The recommended work value of 0.26 RVU is well bracketed by MPC 74019, *Radiologic examination, abdomen; 2 views* (RUC 2016) with a work value of 0.23 RVU, an IST of 4 minutes, and a total time of 6 minutes, and MPC 71111, *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (RUC 2016), with a work value of 0.32 RVU, an IST of 7 minutes, and a total time of 9 minutes.

The recommended value of 0.26 RVU for this code, although it differs by only a few hundredths of an RVU from the others in this review tab, is consistent with the increasing physician work, intensity, and complexity going from 92132 to 92133, 92134, and 9X059. There are an increasing number of images and data to analyze as we progress from 92132 to 92133 and 92134, and then a large jump in the amount of data to analyze for 9X059.

In addition, although it can't be quantified by IWPUT or WPUT for services with such short and similar times, the intensity and complexity increase as we go from 92132 to 92133 and then 92134. The number of diagnoses to consider increases with each code in the family. While the potential for irreversible vision loss is a consideration for all these services, the risk is greater with optic nerve (92133) and retinal disease (92134, 9X059) than anterior segment disease, and is most time-sensitive with retinal disease where progression can occur within days or weeks. Our ability to recognize these differences with increasing work values is limited by the available crosswalks, but they are recognized by the recommended values, which also maintain an appropriate rank order. This is consistent with the prior review in 2015, when CPT 92134 was valued 0.05 RVU higher than CPT 92133 despite identical times.

We recommend a work value of 0.26 RVU for CPT 92132 based on a crosswalk to CPT 77073, with times of 1/5/1 and a total time of 7 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Typically performed with a same-day office visit or other ophthalmic tests related to glaucoma.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	CPT	Global	WRVU	Pre	Intra	Post	Total Time	Billed Together %
3.	92133	XXX	.40	1	10	0	11	33.5%
4.	92083	XXX	.50	3	10	0	13	31.9%
5.	92014	XXX	1.42	5	24	8	37	29.8%
6.	92020	XXX	.37	5	10	5	20	20.8%
7.	92250	XXX	.40	1	10	0	11	19.1%

8. CPT 92132 is frequently performed with one or more other testing services related to glaucoma. These are all subject to the MPPR for testing. The service is also typically provided with a same-day office visit (83%). This has been taken into account in our time and work value recommendations. Providing these services at one visit is more efficient for providers, more convenient for patients, and less costly for both patients and the system after application of the MPPR.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92132

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 85000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on Medicare claims data

Specialty Ophthalmology Frequency 58310 Percentage 68.60 %

Specialty Optometry Frequency 26435 Percentage 31.10 %

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? 43,316 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2021 Medicare claims data

Specialty Ophthalmology Frequency 29715 Percentage 68.60 %

Specialty Optometry Frequency 13471 Percentage 31.09 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92132

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:92133 Tracking Number B2 Original Specialty Recommended RVU: **0.29**
Presented Recommended RVU: **0.29**
Global Period: XXX Current Work RVU: **0.40** RUC Recommended RVU: **0.29**

CPT Descriptor: Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female presents with elevated levels of intraocular pressure (IOP) in both eyes. Visual-field examinations reveal no evidence of visual-field loss attributable to glaucoma. Examination of the nerve fiber layer by optical coherence tomography in both eyes is indicated to look for evidence of retinal nerve fiber layer damage consistent with glaucoma.

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 records and the reason for the test are reviewed. An order is placed in the electronic health record. The images are displayed.

Description of Intra-Service Work: The quality of the study is evaluated. The images and numerical values are analyzed and referenced to normative data. Prior studies are reviewed and compared for evaluation of interval change. The interpretation is entered into the electronic health record.

Description of Post-Service Work: The final report is reviewed and signed. Findings are included in a letter that accompanies the report and is sent to the primary care or referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023		
Presenter(s):	John Thompson, MD; Charles Fitzpatrick, OD; Ravi Parikh, MD; David Glasser, MD (Pre Facilitation Only) Ankoor Shah, MD (Pre Facilitation Only)		
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists; American Optometric Association		
CPT Code:	92133		
Sample Size:	2500	**Resp N:**	115
Description of Sample:	Random sample of 1,500 practicing ophthalmologists across comprehensive, cornea, anterior segment, cataract, and retina subspecialties. Random sample of 1,000 practicing optometrists.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**400.00**	1000.00	7500.00
Survey RVW:	0.22	0.50	**0.50**	0.60	45.00
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**6.00**	9.00	20.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92133	**Recommended Physician Work RVU: 0.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor 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).

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92250	XXX	0.40	**RUC Time**

CPT Descriptor Fundus photography with interpretation and report.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74019	XXX	0.23	**RUC Time**	301,854

CPT Descriptor 1 Radiologic examination, abdomen; 2 views.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	27,613

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views.

Other Reference CPT Code	Global	Work RVU	Time Source
71110	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, ribs, bilateral; 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 45 **% of respondents:** 39.1 **%**

Number of respondents who choose 2nd Key Reference Code: 29 **% of respondents:** 25.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 92133	Top Key Reference CPT Code: 92083	2nd Key Reference CPT Code: **92250**
Median Pre-Service Time	1.00	3.00	1.00
Median Intra-Service Time	6.00	10.00	10.00
Median Immediate Post-service Time	1.00	0.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**8.00**	**13.00**	**12.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	7%	62%	29%	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	7%	69%	24%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	67%	20%
Physical effort required	7%	73%	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	7%	67%	27%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	41%	52%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	34%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	38%	55%
Physical effort required	0%	76%	24%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	62%	34%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 92133, *Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve* is in a family of ophthalmic diagnostic imaging codes based on optical coherence tomography. CPT 92134, OCT of the retina, was identified for claims volume growth, which triggered the review. A new code, CPT 9X059, was created by CPT to separately identify OCT of the retina when combined with OCT angiography. These codes and

CPT 92132, OCT of the anterior segment, are being reviewed at this meeting. The family was last reviewed in October 2015.

OCT of the optic nerve is typically performed on patients with elevated intraocular pressure (IOP) or glaucoma and is repeated for longitudinal follow-up, typically once a year. Claims volume is high, but stable (2.6 million in 2021). The procedure, indications, patient population, and instrumentation are unchanged since it was last valued.

CPT 92133 has been performed in conjunction with a same-day office visit 92% of the time.

We surveyed a random sample of members of the American Academy of Ophthalmology, American Society of Retina Specialists, American Glaucoma Society, and American Optometric Association. Ophthalmologist and optometrist data will be presented separately and combined.

We received 115 responses (89 MD, 26 OD). The vignette was considered typical by 93% of respondents (93% MD, 92% OD).

The current work value is 0.40 RVU with an IST of 10 minutes. The survey median RVU was 0.50 (0.50 MD, 0.55 OD) and the 25th percentile was 0.50 (0.50 MD, 0.50 OD). The median and 25th percentile values are the same because so many respondents chose 0.50 RVU. The median IST was 6 minutes (5 MD, 8 OD).

The top key reference service (KRS) for both groups, chosen by 39%, was CPT 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)* (RUC 2012), with a work value of 0.50 RVU, an IST of 10 minutes, and 26 minutes total time. The second reference service, chosen by both groups at 25%, was CPT 92250, *Fundus photography with interpretation and report* (RUC 2015), with a work value of 0.40 RVU, an IST of 10 minutes, and a total time of 12 minutes.

Respondents rated the surveyed code identical to the KRS on overall intensity/complexity and each sub-measure. They rated them identical on physical effort and psychological stress. The surveyed code was ranked higher than the second reference service on overall intensity/complexity, mental effort, and technical skill, and identical on physical effort and psychological stress. Optometrists ranked the surveyed code slightly higher than ophthalmologists on some metrics, but the differences were not dramatic.

The expert panel of members from AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings.

Both top reference services have ISTs that are almost twice the survey median for CPT 92133. The KRS work value matches that of the survey 25th percentile but is greater than the procedure's current value. Absent compelling evidence for an increase in work value, and given the mismatched ISTs, the panel rejected the reference services selected by respondents and the survey 25th percentile as means for valuation.

The survey median IST of 6 minutes is a significant reduction from the current value of 10 minutes. This is a realistic amount of time to determine the adequacy of the study, evaluate the images and numerical values, compare them to norms, make an interpretation, and enter it into the medical record. The panel questioned whether the 1-minute difference in IST between this service and CPT 92132 and 92134, with 5-minute median ISTs, is within the limit of error of the measurement process despite the large number of respondents.

Because the service is typically performed with a same-day office visit, we reduced the survey median pre-service time of 3 minutes to 1 minute. This time is necessary to review the reason for the test, place an order into the electronic health record, and display the images on the monitor prior to interpretation.

In accordance with the same-day office visit, we reduced our recommendation from the survey median post-service time of 5 minutes to 1 minute. We did not include integrating the results into the treatment plan or explaining the results to the patient in our description of post-service work. Those activities are part of the E/M visit on that day. We maintained one minute of post-service time, which is needed to review and sign the final report and include the findings in a letter to the primary care or referring physician.

As with the other codes in this family, there is no post-service time included in the current valuation. Post-service time for signing the report and communicating with the primary care or referring physician is included in almost all imaging services, indicating that this is the appropriate place for them. For services typically performed with an office visit and reviewed by the RUC within the past 10 years, this work is often listed in the post-service work descriptor and the post-service time, typically 1 minute, is appropriately included in the valuation (e.g., CPT 92250, 92235, 92240, 92245). Signing the report in the EHR and adding the imaging findings and interpretation to the letter to the primary care or referring physician, even though a letter may be part of the office visit, are each separate activities from those included in the office visit and are not part of the E/M or Eye Code office visit. Because these imaging services are billed separately and do not count towards review of data for office E/M services, there is no duplication of work with respect to choosing office visit code levels.

We searched the RUC database for crosswalks and for XXX codes reviewed by the RUC within the past 10 years with 6-minute ISTs and total times of 7-8 minutes. We found 3 codes with work values of 0.29 to 0.31 RVU. This is in addition to the 21 XXX services with 5-minute ISTs, a median work value of 0.25 RVU, and a range of 0.05 to 0.32 RVU that have been RUC-reviewed within 10 years.

We chose as a crosswalk CPT 71110, *Radiologic examination, ribs, bilateral; 3 views* (RUC 2016), with a work value of 0.29 RVU. The IST of 6 minutes and total time of 8 minutes match our recommended values. This value is also supported by CPT 73523, *Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views)* (RUC 2015), with a work value of 0.31 RVU and identical times.

The recommended work value of 0.29 RVU for CPT 92133 is well bracketed by MPC 74019, *Radiologic examination, abdomen; 2 views* (RUC 2016) with a work value of 0.23 RVU, an IST of 4 minutes, and a total time of 6 minutes, and MPC 71111, *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (RUC 2016), with a work value of 0.32 RVU, an IST of 7 minutes, and a total time of 9 minutes.

The recommended value of 0.29 RVU for this code, although it differs by only a few hundredths of an RVU from the others in the tab, is consistent with the increasing physician work, intensity, and complexity going from 92132 to 92133, 92134, and 9X059. There are an increasing number of images and data to analyze as we progress from 92132 to 92133 and 92134, and then a large jump in the amount of data to analyze for 9X059.

In addition, although it can't be quantified by IWPUT or WPUT for services with such short and similar times, the intensity and complexity increase as we go from 92132 to 92133 and then 92134. The number of diagnoses to consider increases with each code in the family. While the potential for irreversible vision loss is a consideration for all these services, the risk is greater with optic nerve (92133) and retinal disease (92134, 9X059) than anterior segment disease, and is most time-sensitive with retinal disease where progression can occur within days or weeks. Our ability to recognize these differences with increasing work values is limited by the available crosswalks, but they are recognized by the recommended values, which also maintain an appropriate rank order. This is consistent with the prior review in 2015, when CPT 92134 was valued 0.05 RVU higher than CPT 92133 despite identical times.

We recommend a work value of 0.29 RVU for CPT 92133 based on a crosswalk to CPT 71110, with times of 1/6/1 and a total time of 8 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Typically performed with a same-day office visit or other ophthalmic tests related to glaucoma.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	CPT	Global	WRVU	Pre	Intra	Post	Total Time	% Billed Together
3.								
4.	92083	XXX	.50	3	10	0	13	36.6%
5.	92014	XXX	1.42	5	24	8	37	36.2%
6.	99214	XXX	1.92	7	30	10	47	18.2%
7.	99213	XXX	1.30	5	20	5	30	13.9%
8.	92012	XXX	.92	5	15	5	25	13.3%
9.								

10. CPT 92133 is frequently performed with one or more other testing services related to glaucoma. These are all subject to the MPPR for testing. The service is also typically provided with a same-day office visit (92%). This has been taken into account in our time and work value recommendations. Providing these services at one visit is more efficient for providers, more convenient for patients, and less costly for both patients and the system after application of the MPPR.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92133

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5250000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimate based on Medicare claims data

Specialty Ophthalmology Frequency 3675000 Percentage 70.00 %

Specialty Optometry Frequency 1559250 Percentage 29.70 %

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? 2,628,575 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2021 Medicare claims data

Specialty Ophthalmology Frequency 1840003 Percentage 70.00 %

Specialty Optometry Frequency 780687 Percentage 29.70 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92133

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:92134 Tracking Number B3 Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.30**
Global Period: XXX Current Work RVU: **0.45** RUC Recommended RVU: **0.30**

CPT Descriptor: Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male presents with exudative age-related macular degeneration with recent history of an intravitreal drug injection. Optical coherence tomography is indicated to evaluate subretinal fluid thickness and intraretinal edema in one eye.

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%

Description of Pre-Service Work: The patient's records and the reason for the test are reviewed. An order is placed in the electronic health record. The images are displayed.

Description of Intra-Service Work: The quality of the study is evaluated. The images and numerical values are analyzed and referenced to normative data. Prior studies are reviewed and compared for evaluation of interval change. The interpretation is entered into the electronic health record.

Description of Post-Service Work: The final report is reviewed and signed. Findings are included in a letter that accompanies the report and is sent to the primary care or referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	John Thompson, MD; Charles Fitzpatrick, OD; Ravi Parikh, MD; David Glasser, MD (Pre Facilitation Only) Ankoor Shah, MD (Pre Facilitation Only)					
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists; American Optometric Association					
CPT Code:	92134					
Sample Size:	2500	**Resp N:**	132			
Description of Sample:	Random sample of 1,500 practicing ophthalmologists across comprehensive, cornea, anterior segment, cataract, and retina subspecialties. Random sample of 1,000 practicing optometrists					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	150.00	**500.00**	1835.00	12000.00
Survey RVW:	0.24	0.50	**0.52**	0.63	50.00
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	4.00	**5.00**	8.00	20.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92134	**Recommended Physician Work RVU: 0.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92250	XXX	0.40	**RUC Time**

CPT Descriptor Fundus photography with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor 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).

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74019	XXX	0.23	**RUC Time**	301,854

CPT Descriptor 1 Radiologic examination, abdomen; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	27,613

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

Other Reference CPT Code	Global	Work RVU	Time Source
72114	XXX	0.30	**RUC Time**

CPT Descriptor Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 31.8 **%**

Number of respondents who choose 2nd Key Reference Code: 40 **% of respondents:** 30.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 92134	Top Key Reference CPT Code: 92250	2nd Key Reference CPT Code: **92083**
Median Pre-Service Time	1.00	1.00	3.00
Median Intra-Service Time	5.00	10.00	10.00
Median Immediate Post-service Time	1.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**12.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	33%	52%	12%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	26%	69%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
Physical effort required	2%	74%	24%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	64%	36%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	65%	32%	2%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	65%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	15%	65%	20%
Physical effort required	10%	75%	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	0%	68%	32%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 92134, *Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina* was identified for claims volume growth, which triggered a review of the family. A new code, CPT 9X059, was created by CPT to separately identify OCT of the retina when combined with non-dye OCT angiography. These codes and CPT 92132, OCT of the anterior segment, and CPT 92132,

OCT of the optic nerve, are being reviewed at this meeting. The family was last reviewed in October 2015.

OCT of the retina is typically performed on patients with wet macular degeneration, diabetic macular edema, or a retinal vascular occlusion to determine response to intravitreal anti-VEGF therapy and determine the need for and timing of further intravitreal injections. It is frequently repeated, typically multiple times a year, sometimes as often as monthly. Use of OCT allows ophthalmologists to extend the intravitreal anti-VEGF treatment window, often to 2 months, occasionally longer. Without OCT, injections would need to be administered monthly per FDA labeling. Therefore, despite the extremely high claims volume (7.4 million in 2021), frequent use of retinal OCT has saved patients countless thousands of injections and the Medicare program billions of dollars. The claims growth is commensurate with the increasing Medicare population and increasing prevalence of diabetes.

While OCT of the retina has not changed since its last valuation, new technology now allows performance of non-dye angiography in conjunction with OCT. Those combined tests were being billed with CPT 92134, although they entail increased practice expense and require interpretation of more images and more data. A new CPT code, 9X059, was created for reporting this combined test procedure, and is being separately reviewed at this meeting.

CPT 92134 is performed in conjunction with a same-day office visit 78% of the time.

We surveyed a random sample of members of the American Academy of Ophthalmology, American Society of Retina Specialists, American Glaucoma Society, and American Optometric Association. Ophthalmologist and optometrist data will be presented separately and combined.

We received 132 responses (106 MD, 26 OD). The vignette was considered typical by 95% of respondents (96% MD, 88% OD).

The current work value is 0.45 RVU with an IST of 10 minutes. The survey median RVU was 0.52 (0.51 MD, 0.55 OD) and the 25th percentile was 0.50 (0.50 MD, 0.50 OD). The median IST was 5 minutes (5 MD, 7 OD).

The top key reference service (KRS) for both groups, chosen by 32%, was CPT 92250, *Fundus photography with interpretation and report* (RUC 2015), with a work value of 0.40 RVU, an IST of 10 minutes, and a total time of 12 minutes. The second reference service, chosen by both groups at 30%, was CPT 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)* (RUC 2012), with a work value of 0.50 RVU, an IST of 10 minutes, and 26 minutes total time.

Respondents rated the surveyed code higher than the KRS on overall intensity/complexity, mental effort, and technical skill, and identical on physical effort and psychological stress. The surveyed code was ranked identical to the second reference service on overall intensity/complexity and every submeasure. Optometrists ranked the surveyed code slightly higher than ophthalmologists on some metrics, but the differences were not dramatic.

The expert panel of members from AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings.

The KRS work value matches the current value of CPT 92134, but its IST is double the survey median. The second reference service work value exceeds the current value of CPT 92134. Given the mismatched ISTs, and absent compelling evidence for an increase in work value, the panel rejected the reference services and the survey 25th percentile as means for valuation.

The survey median IST of 5 minutes is a significant reduction from the current value of 10 minutes. This is a realistic amount of time to determine the adequacy of the study, evaluate the images and numerical values, compare them to norms, make an interpretation, and enter it into the medical record. The panel questioned whether the 1-minute difference in IST between this service and CPT 92133, with a 6-minute median IST, is within the limit of error of the measurement process, despite the large number of respondents.

Because the service is typically performed with a same-day office visit, we reduced the survey median pre-service time of 3 minutes to 1 minute. This time is necessary to review the reason for the test, place an order into the electronic health record, and display the images on the monitor prior to interpretation.

In accordance with the same-day office visit, we reduced our recommendation from the survey median post-service time of 5 minutes to 1 minute. We did not include integrating the results into the treatment plan or explaining the results to the patient in our description of post-service work. Those activities are part of the E/M visit on that day. We maintained one minute of post-service time, which is needed to review and sign the final report and include the findings in a letter to the primary care or referring physician.

As with the other codes in this family, there is no post-service time included in the current valuation. Post-service time for signing the report and communicating with the referring physician is included in almost all imaging services, indicating that this is the appropriate place for them. For services typically performed with an office visit and reviewed by the RUC within the past 10 years, this work is often listed in the post-service work descriptor and the post-service time, typically 1 minute, is appropriately included in the valuation (e.g., CPT 92250, 92235, 92240, 92245). Signing the report in the EHR and adding the imaging findings and interpretation to the letter to the primary care or referring physician, even though a letter may be part of the office visit, are each separate activities from those included in the office visit and are not part of the E/M or Eye Code office visit. Because these imaging services are billed separately and do not count towards review of data for office E/M services, there is no duplication of work with respect to choosing office visit code levels.

We searched the RUC database for crosswalks and found 21 XXX codes reviewed by the RUC within the past 10 years with 5-minute ISTs and total times of 6-7 minutes. The median work value of these 21 services is 0.25 RVU, with a range of 0.05 to 0.32 RVU.

We chose as a crosswalk CPT 72114, *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (RUC 2019), with a work value of 0.30 RVU. The IST of 5 minutes and total time of 7 minutes match our recommended values. This value is also

supported by CPT 71048, *Radiologic examination, chest; 4 or more views* (RUC 2016), with a work value of 0.31 RVU and identical times.

The recommended work value of 0.30 RVU for CPT 92134 is well bracketed by MPC 74019, *Radiologic examination, abdomen; 2 views* (RUC 2016) with a work value of 0.23 RVU, an IST of 4 minutes, and a total time of 6 minutes, and MPC 71111, *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (RUC 2016), with a work value of 0.32 RVU, an IST of 7 minutes, and a total time of 9 minutes.

The recommended value of 0.30 RVU for this code, although it differs by only a few hundredths of an RVU from the others in the tab, is consistent with the increasing physician work, intensity, and complexity going from 92132 to 92133, 92134, and 9X059. There are an increasing number of images and data to analyze as we progress from 92132 to 92133 and 92134, and then a large jump in the amount of data to analyze for 9X059.

In addition, although it can't be quantified by IWPUT or WPUT for services with such short and similar times, the intensity and complexity increase as we go from 92132 to 92133 and then 92134. The number of diagnoses to consider increases with each code in the family. While the potential for irreversible vision loss is a consideration for all these services, the risk is greater with optic nerve (92133) and retinal disease (92134, 9X059) than anterior segment disease, and is most time-sensitive with retinal disease where progression can occur within days or weeks. Our ability to recognize these differences with increasing work values is limited by the available crosswalks, but they are recognized by the recommended values, which also maintain an appropriate rank order. This is consistent with the prior review in 2015, when CPT 92134 was valued 0.05 RVU higher than CPT 92133 despite identical times.

We recommend a work value of 0.30 RVU for CPT 92134 based on a crosswalk to CPT 72114, with times of 1/5/1 and a total time of 7 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Typically performed with a same-day office visit or other ophthalmic imaging.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	CPT	Global	WRVU	Pre	Intra	Post	Total Time	% Billed Together
4.	67028	XXX	1.44	20	4	5	29	37.4%
5.	92014	XXX	1.42	5	24	8	37	32.5%
6.	99214	XXX	1.92	7	30	10	47	14.7%
7.	92012	XXX	.92	5	15	5	25	11.7%
8.	99213	XXX	1.30	5	20	5	30	9.8%

10. CPT 92134 is frequently performed with an intravitreal injection because it is used to determine the need for an injection. This allows providers to extend treatment intervals beyond the FDA labelled 1 month, reducing the number of injections for many patients. The service is also typically provided with a same-day office visit (78%), which is often used to determine the status of disease in the fellow eye. The same-day office visit has been taken into account in our time and work value recommendations. Providing these services at one visit is more efficient for providers, more convenient for patients, and less costly for both patients and the system.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92134

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 14000000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on Medicare claims reduced for 5% shift to 9X059

Specialty Ophthalmology Frequency 12390000 Percentage 88.50 %

Specialty Optometry Frequency 1596000 Percentage 11.40 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,014,928 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2021 Medicare claims data reduced 5% for shift to 9X059

Specialty Ophthalmology Frequency 6208213 Percentage 88.50 %

Specialty Optometry Frequency 799703 Percentage 11.40 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92134

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:9X059 Tracking Number B4 Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.55**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.31**

CPT Descriptor: Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina including OCT angiography

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with a history of non-insulin dependent diabetes mellitus notes blurred vision and is found to have diabetic macular edema. OCT and OCT angiography are ordered to examine retinal structure in depth and to determine the cause of the edema and identify any associated foveal ischemia with non-dye angiography.

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 records and the reason for the test are reviewed. An order is placed in the electronic health record. The images are displayed.

Description of Intra-Service Work: The quality of the study is evaluated. The OCT images and numerical values are analyzed and referenced to normative data. The images are reformatted for angiography. The OCT angiography images of the vasculature of the posterior segment are evaluated at multiple levels of the retina and choriod for evidence of ischemia, microaneurysms and neovascularization. If available, prior studies are reviewed and a comparison made for assessment of interval change. The interpretation is entered into the electronic health record.

Description of Post-Service Work: The final report is reviewed and signed. Findings are included in a letter that accompanies the report and is sent to the primary care or referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	John Thompson, MD; Charles Fitzpatrick, OD; Ravi Parikh, MD; David Glasser, MD (Pre Facilitation Only) Ankoor Shah, MD (Pre Facilitation Only)					
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists; American Optometric Association					
CPT Code:	9X059					
Sample Size:	2500	**Resp N:**	75			
Description of Sample:	Random sample of 1,500 practicing ophthalmologists across comprehensive, cornea, anterior segment, cataract, and retina subspecialties. Random sample of 1,000 practicing optometrists.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**12.00**	100.00	5500.00
Survey RVW:	0.30	0.55	**0.68**	0.75	4.00
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**6.00**	11.00	20.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X059	**Recommended Physician Work RVU: 0.31**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92235	XXX	0.75	**RUC Time**

CPT Descriptor Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor 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).

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92083	XXX	0.50	**RUC Time**	2,670,714

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74220	XXX	0.60	**RUC Time**	101,875

CPT Descriptor 2 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study.

Other Reference CPT Code	Global	Work RVU	Time Source
77075	XXX	0.55	**RUC Time**

CPT Descriptor Radiologic examination, osseous survey; complete (axial and appendicular skeleton)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 44.0 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X059	Top Key Reference CPT Code: 92235	2nd Key Reference CPT Code: **92083**
Median Pre-Service Time	1.00	1.00	3.00
Median Intra-Service Time	6.00	15.00	10.00
Median Immediate Post-service Time	2.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**9.00**	**17.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	39%	45%	15%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	24%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	21%	58%
Physical effort required	12%	52%	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	6%	39%	55%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	38%	46%	15%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	38%	54%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	54%	46%
Physical effort required	0%	77%	23%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	69%	31%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 9X059, *Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina including OCT angiography* was created by CPT in response to new technology which allows imaging of the retina using OCT with and without non-dye OCT angiography (OCT-A). The new code describes the combined imaging procedure, which was previously reported with CPT 92134, OCT of the retina. In addition to the two retinal OCT codes, CPT 92132, OCT of the anterior segment, and CPT 92132, OCT of the optic nerve, are being reviewed at this meeting. The family was last reviewed in October 2015.

OCT combined with OCT-A of the retina is typically performed on patients with retinal vascular disease, most often diabetic retinopathy, to allow evaluation of retinal ischemia in addition to retinal thickness and response to intravitreal anti-VEGF therapy. It is also used to evaluate choroidal neovascularization in eyes with possible exudative macular degeneration. Because the combined procedure is currently being reported with CPT 92134, we anticipate that the combined claims volume of CPT 92134 and 9X059 will be no greater than claims volume for CPT 92134 would have been without addition of the new code. There is also the possibility that some providers could switch from CPT 92235, fluorescein angiogram, to CPT 9X059 to eliminate the need for IV access and the risk of an adverse dye reaction.

We surveyed a random sample of members of the American Academy of Ophthalmology, American Society of Retina Specialists, American Glaucoma Society, and American Optometric Association. Ophthalmologist and optometrist data will be presented separately and combined.

We received 73 responses (61 MD, 14 OD). The vignette was considered typical by 93% of respondents (95% MD, 86% OD).

The survey median RVU was 0.68 (0.70 MD, 0.66 OD) and the 25th percentile was 0.55 (0.52 MD, 0.61 OD). The median IST was 6 minutes (5 MD, 7 OD).

The top key reference service (KRS) for both groups, chosen by 44%, was CPT 92235, *Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral* (RUC 2016), with a work value of 0.75 RVU, an IST of 15 minutes, and a total time of 17 minutes. The second reference service, chosen by both groups at 17%, was CPT 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)* (RUC 2012), with a work value of 0.50 RVU, an IST of 10 minutes, and 26 minutes total time.

Respondents rated the surveyed code higher than the KRS on overall intensity/complexity and each of the submeasures except physical effort, which the majority ranked identical. The surveyed code was ranked higher than the second reference service on overall intensity/complexity and mental effort, identical on the other submeasures. Optometrists ranked the surveyed code slightly higher than ophthalmologists on some metrics, but the differences were not dramatic.

The expert panel of members from AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings.

Because CPT 92134, OCT of the retina, is typically performed with a same-day office visit, we assumed that the new combined OCT/OCT angiography service would be as well. We developed pre- and post-work descriptors, time recommendations, and a work value recommendation based on that assumption.

The panel was surprised that the survey median IST of 6 minutes was only 1 minute longer than that for OCT of the retina without angiography (CPT 92134). There are notably many more images and much more data displayed en face for angiography which must be analyzed when the combination study is performed. This is a recognized limitation of surveys when multiple procedures in a family with relatively short intraservice times are evaluated.

The panel is convinced that the survey IST is too low given the considerable amount of data that must be analyzed every time that this service is performed. In addition to the analysis of the standard OCT images, the retinal and choroidal vasculature in the posterior segment is evaluated at 7 different levels for evidence of ischemia, microaneurysms and neovascularization. The traditional OCT non-angiography component of the service is analogous to reading a chest X-ray. The angiography component is analogous to reading a chest CT. Both are performed every time CPT 9X059 is performed. In addition, the angiography imaging technology is new and subject to artefacts. This requires switching back and forth between the legacy OCT and OCT angiography images multiple times – they are not simultaneously displayed – to identify the artefacts and accurately analyze the angiography images.

We suspect that a significant number of respondents failed to understand that this service includes analysis of both the traditional OCT images and the OCT angiography images and answered for the OCT angiography component alone. Median survey ISTs for ophthalmologist respondents were identical for stand-alone OCT (CPT 92134) and the combined service (CPT 9X059). The panel abandoned the survey median and chose an IST of 10 minutes, double that of CPT 92134. This is a conservative choice given that the images and data analyzed for the OCT angiography component are greater than that for the traditional OCT component.

We reduced the survey median pre-service time from 4 minutes to 1 minute. This time is necessary to review the reason for the test, place an order into the electronic health record, and display the images on the monitor prior to interpretation.

In accordance with the same-day office visit, we reduced our recommendation from the survey median post-service time of 6 minutes to 2 minutes. We did not include integrating the results into the treatment plan or explaining the results to the patient in our description of post-service work. Those activities are part of the E/M visit on that day. We maintained two minutes of post-service time, which is needed to review and sign the final report and include the findings in a letter to the primary care or referring physician.

As with the other codes in this family, there is no post-service time included in the current valuation. Post-service time for signing the report and communicating with the primary care or referring physician is included in almost all imaging services, indicating that this is the appropriate place for them. For services typically performed with an office visit and reviewed by the RUC within the past 10 years, this work is often listed in the post-service work descriptor and the post-service time, typically 1 minute, is appropriately included in the valuation (e.g., CPT 92250, 92235, 92240, 92245).

Signing the report in the EHR and adding the imaging findings and interpretation to the letter to the primary care or referring physician, even though a letter may be part of the office visit, are each separate activities from those included in the office visit and are not part of the E&M or Eye Code office visit. Because these imaging services are billed separately and do not count towards review of data for office E/M services, there is no duplication of work with respect to choosing office visit code levels. We recommend 2 minutes of post-service time for CPT 9X059 because the report is significantly longer than for most imaging services, requiring more time for final review and sign-off.

We recommend a work value equal to the survey 25th percentile of 0.55 RVU. The 25th percentile could be an underestimate considering that some respondents were valuing the angiography component alone rather than both components.

We recognize that this is well above the value of any code in the RUC database with times equal to the survey IST of 6 minutes. The panel is certain that the physician work required to perform the analysis for the combination code is significantly greater than that for OCT of the retina alone (CPT 92134) and is unable in good conscience to consider a value consistent with an IST of 6 minutes. The panel is confident that a 10-minute IST and the 25th percentile work value of 0.55 RVU are accurate representations of the time and physician work required for this service.

Respondents rated CPT 9X059 higher than the KRS, fluorescein angiography (CPT 92235) on intensity and complexity. An IST 2/3 that of the KRS, a work value slightly greater than 2/3 that of the KRS, and a similar IWPUT and WPUT is consistent with this ranking.

The second reference service chosen, visual field (CPT 92083) has an IST and total time equal to our recommended times and a 0.05 RVU lower work value (0.50 RVU). This is consistent with respondents ranking CPT 9X059 higher on overall intensity and mental effort and identical on the other submeasures.

We searched the RUC database for XXX codes reviewed by the RUC within the past 10 years with 10-minute ISTs and total times of 11 to 15 minutes. We found 16 codes with work values ranging from 0.21 to 0.64 RVU.

Our recommended value is supported by CPT 77075, *Radiologic examination, osseous survey; complete (axial and appendicular skeleton)* (RUC 2018), with a work value of 0.55 RVU, an IST of 10 minutes, and a total time of 15 minutes.

Should the RUC choose to support the expert panel recommendation despite the deviation from survey data, the value would have to be flagged as ineligible for valuation of physician work.

This service will also be placed on the New Technology list. We welcome the opportunity to re-survey this in 3 years when the technology is more mature, and providers will have more experience performing it.

We recommend a work value of 0.55 RVU for CPT 9X059 based on the survey 25th percentile estimate, with times of 1/10/2 and a total time of 13 minutes. We recommend that this code be placed on the new technology list and that it be flagged as ineligible for validation of physician work.

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) We assume that this service will typically be performed with a same-day office visit, similar to CPT 92134

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. Since this is a new code, there is no claims data. We assume that the pattern will mimic that of CPT 92134, which is commonly billed with an intravitreal injection (CPT 67028). This allows providers to extend treatment intervals beyond the FDA labelled 1 month, reducing the number of injections for many patients. We also assume that the service will typically be provided with a same-day office visit, which is often used to determine the status of disease in the fellow eye. The same-day office visit has been taken into account in our time and work value recommendations. Providing these services at one visit is more efficient for providers, more convenient for patients, and less costly for both patients and the system.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92134

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 590000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimate based on 5% of Medicare claims

Specialty Ophthalmology Frequency 522150 Percentage 88.50 %

Specialty Optometry Frequency 67260 Percentage 11.40 %

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? 369,207 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on 5% of 2021 Medicare claims data

Specialty Ophthalmology Frequency 326750 Percentage 88.50 %

Specialty Optometry Frequency 42090 Percentage 11.40 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92134

SS Rec Summary

ISSUE: Optical Coherence Tomography

TAB: 5

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	92250	Fundus photography with interpretation and report	XXX	2015	26	0.036	0.033			0.40			12	1					10			1															
2nd REF	92083	Visual field examination, unilateral or bilateral, with interpretation and	XXX	2012	15	0.043	0.038			0.50			13	3					10																	
CURRENT	92132	Computerized ophthalmic diagnostic imaging (eg, optical	XXX	2015	63	0.035	0.033			0.30			9	1					8																	
SVY MD	92132	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		58	0.064	0.038	0.15	0.45	0.50	0.59	4.50	13	3			1	3	5	9	25	5											0	3	10	47	1200
SVY OD	92132	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		20	0.056	0.034	0.12	0.40	0.48	0.53	0.95	14	4			2	5	5	10	20	5											0	3	8	30	150
SVY Combined	92132	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		78	0.064	0.038	0.12	0.40	0.50	0.55	4.50	13	3			1	4	5	10	25	5											0	3	10	32	1200
REC Interim	92132	Computerized ophthalmic diagnostic imaging (eg, optical	XXX			0.043	0.037			0.26			7	1					5			1															
XWALK	77073	Bone length studies (orthoroentgenogram, scanogram)	XXX			0.043	0.037			0.26			7	1					5			1															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	92083	Visual field examination, unilateral or bilateral, with interpretation and	XXX	2012	45	0.043	0.038			0.50			13	3					10																	
2nd REF	92250	Fundus photography with interpretation and report	XXX	2016	29	0.036	0.033			0.40			12	1					10			1															
CURRENT	92133	Computerized ophthalmic diagnostic imaging (eg, optical	XXX	2015	89	0.038	0.036			0.40			11	1					10																	
SVY MD	92133	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		89	0.064	0.038	0.22	0.50	0.50	0.60	45.00	13	3			1	4	5	8	15	5											0	200	500	1008	7500
SVY OD	92133	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		26	0.041	0.031	0.40	0.50	0.55	0.60	0.75	18	4			2	5	8	10	20	6											2	53	100	345	800
SVY Combined	92133	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		115	0.053	0.036	0.22	0.50	0.50	0.60	45.00	14	3			1	5	6	9	20	5											0	100	400	1000	7500
REC Interim	92133	Computerized ophthalmic diagnostic imaging (eg, optical	XXX			0.041	0.036			0.29			8	1					6			1															
XWALK	71110	Radiologic examination, ribs, bilateral; 3 views	XXX			0.041	0.036			0.29			8	1					6			1															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	92250	Fundus photography with interpretation and report	XXX	2016	42	0.036	0.033			0.40			12	1					10			1															
2nd REF	92083	Visual field examination, unilateral or bilateral, with interpretation and	XXX	2012	40	0.043	0.038			0.50			13	3					10																	
CURRENT	92134	Computerized ophthalmic diagnostic imaging (eg, optical	XXX	2015	89	0.043	0.041			0.45			11	1					10																	
SVY MD	92134	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		106	0.071	0.043	0.24	0.50	0.51	0.65	50.00	12	3			1	3	5	8	15	4											0	200	725	2000	12000
SVY OD	92134	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		26	0.047	0.032	0.40	0.50	0.55	0.60	0.75	17	4			2	5	7	12	20	6											3	71	175	330	1360
SVY Combined	92134	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		132	0.068	0.040	0.24	0.50	0.52	0.63	50.00	13	3			1	4	5	8	20	5											0	150	500	1835	12000
REC Interim	92134	Computerized ophthalmic diagnostic imaging (eg, optical	XXX			0.051	0.043			0.30			7	1					5			1															
XWALK	72114	Radiologic examination, spine, lumbosacral; complete, including	XXX			0.051	0.043			0.30			7	1					5			1															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	92235	Fluorescein angiography (includes multiframe imaging) with	XXX	2016	33	0.047	0.044			0.75			17	1					15			1															
2nd REF	92083	Visual field examination, unilateral or bilateral, with interpretation and	XXX	2012	13	0.043	0.038			0.50			13	3					10																	
CURRENT	N/A	Computerized ophthalmic diagnostic imaging (eg, optical	XXX	N/A		-	-			NA			#VALUE!						NA																	
SVY MD	9X059	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		61	0.100	0.050	0.30	0.52	0.70	0.77	4.00	14	4			1	5	5	10	20	5											0	0	24	200	5500
SVY OD	9X059	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		14	0.036	0.029	0.45	0.61	0.66	0.70	0.80	23	5			3	6	11	15	20	7											0	0	0	23	340
SVY Combined	9X059	Computerized ophthalmic diagnostic imaging (eg, optical	XXX		75	0.076	0.043	0.30	0.55	0.68	0.75	4.00	16	4			1	5	6	11	20	6											0	0	12	100	5500
REC Interim	9X059	Computerized ophthalmic diagnostic imaging (eg, optical	XXX			0.040	0.034			0.31			9	1					6			2															
XWALK	73523	Radiologic examination, hips, bilateral, with pelvis when	XXX	2015			0.039			0.31			8	1					6			1															

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):_92132, 92133, 92134, 9X059__**

SPECIALTY SOCIETY(IES):_AAO, ASRS, AOA_

PRESENTER(S):_John Thompson MD, Ravi Parikh MD, Charles Fitzpatrick OD, David Glasser MD (Pre-facilitation only), Ankoor Shah MD (Pre-facilitation only)_

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2023

CPT Code	Long Descriptor	Global Period
92132	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral	XXX
92133	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	XXX
92134	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	XXX
9X059	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina including OCT angiography CPT CODE DESCRIPTOR	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
92132	A 45-year-old male complains of inability to read small print. The patient has temporal narrowing of the anterior chamber angle in the left eye. Imaging is ordered to evaluate the risk of angle closure.
92133	A 65-year-old female presents with elevated levels of intraocular pressure (IOP) in both eyes. Visual-field examinations reveal no evidence of visual-field loss attributable to glaucoma. Examination of the nerve fiber layer by optical coherence tomography in both eyes is indicated to look for evidence of retinal nerve fiber layer damage consistent with glaucoma.
92134	A 75-year-old male presents with exudative age-related macular degeneration with recent history of an intravitreal drug injection. Optical coherence tomography is indicated to evaluate subretinal fluid thickness and intraretinal edema in one eye.
9X059	A 67-year-old male with a history of non-insulin dependent diabetes mellitus notes blurred vision and is found to have diabetic macular edema. OCT and OCT angiography are ordered to examine retinal structure in depth and to determine the cause of the edema and identify any associated foveal ischemia with non-dye angiography.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code and performed time motion studies (two ophthalmic technicians performing 10 of each of these procedures). The consensus committee considered the survey data, PE details, and observations from time motion studies to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether any changes were needed for the existing supplies and equipment.

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:

   For 92132, 92133, 92134 the current code was used as a reference.

   For the new CPT code 9X059, we believe the best comparator is 92134 (since every 9X059 requires the performance of a 92134 in addition to the more specific angiography testing); however, since 92134 was being re-evaluated we also provided 92083, diagnostic visual field testing the second KRS choice form the survey.

   While the physician work is more comparable to 92235 (the primary KRS), the technician work is more similar to 92083 (the secondary KRS) because there is no injection of dye required for this imaging test; thus, we believe it is the best alternative reference code.

   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?

   Yes for the code family. Based on how other codes in the family are used we expect 9X059 to also be typically reported with a same day E/M service.
   All codes are performed typically performed 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.

   Ophthalmology is the dominant provider for all codes:
   92132 (68.6%), 92133 (70.0%), 92134 (88.5%), 9X059 (88.5%)* (Presumed for the new code based on 92134)

   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:

   92132, 92133, 92134 all have reductions in PE. 9X059 is new.

   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 2nd 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:

CA004 – Moved to CA011

    b. Service period (includes pre, intra and post):

The total time of 12 minutes for the service period remains the same in the current recommendations as the procedure has not changed. However, due to a shift towards more granular time placement, the times have been broken down into the component times as below for each code. Pre: Line CA011 – 1 minute of time moved from CA004 based on PEAC discussions. Technician performs pre-service education/consent for the patient. The total education and consent time was reduced form 2 minutes previously (at that time listed under CA004) for existing codes to 1 minute (now listed under CA011). The same 1 minute is included for the new code 9X059. Line CA013 – Standard time 2 minutes included. The technician prepares the equipment, room, and supplies. The technician turns on the equipment, registers the patient (if new on the device) or look's up and opens the patient's file (if established) This is required and separate from EHR since each patient has a separate folder file on the imaging device. For established patients the prior photos are also opened prior to bringing the patient back.

Line CA014 – Standard time 1 minute included. The technician confirms the protocol to be used. Multiple protocols are available for each CPT code and needs to be verified and setup.
Intra:
Line CA021– The technician performs the diagnostic imaging test, references the prior images, and uploads images for review. This is a bilateral test, so the procedure is effectively performed twice.
Post:
Line CA024 – Standard time 3 minutes included. The equipment and room are cleaned and sterilized

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:*

During the intraservice period, the technician adjusts the height of the diagnostic machine, adjusts the machine for the patient's optical refraction, images the patient's eye, adjusts patient fixation during the exam as needed which is typical since these patients have vision issues, confirm that the images were able to be referenced to prior images (otherwise rescan is performed at this time), and the procedure is repeated for the fellow eye.

For CPT 9X059, there is considerably more image acquisition time (this is approximately a 10-fold increase in the number of scans) as the amount of data required is substantially greater. Additionally uploading the data takes considerably longer. In our time motion studies we found 4 minutes greater time for image acquisition and 1 minute greater time to upload the images so they could be read by the HCP.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

The HCP doesn't perform the procedure – thus the technician time is listed under CA021 because the technician is wholly responsible for image acquisition.

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 2nd 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?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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 4th 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 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

SJ053 Swab-alcohol – used to wipe down the machine between patients (omitted previously in error) SB023 gloves, non-sterile, nitrile – this pair of gloves is for the ophthalmic technician that is typically the designated photographer. This is a separate individual from the technician working the patient up for their exam which is typically done the same day; thus no duplication. Gloves are changed between each patient.

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

New Equipment – OCT Angiography Device: This new equipment only applies to the new code 9X059. This is a considerably more expensive machine required to scan fast enough that minor fluctuations in blood flow are noted between serial scans to identify and reconstruct the retinal and choroidal vasculature. 2 invoices have been provided. The cost for 1 was 164,000, the other was 165,000. We have placed the average 164,500 as the cost of the equipment. The invoices are for the typical device currently in use.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The useful life of OCT angiography devices is expected to be 7 years, consistent with the current useful life of OCT devices. The default formula would be utilized.

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 Latitute 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 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EL006 – lane, screening – This time has been eliminated for all codes, as this testing is typically performed in a diagnostic suite rather than the exam lane. EQ237 – OCT – the time is based on the default formula for minutes of used. (CPT 92132, 92133, 92134) NEW OCTA – the time is based on the default formula for the minutes used. (CPT 9X059)

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. *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.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

PEAC Discussion Based Changes: 1. Shift the 1 minute of CA004 to CA011 because that time occurs on the day of service and is more accurately reflected as pre-service of the service period.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

2. It was noted that 92132 is typically bilateral, image of both eyes, and that is how the PE inputs were made.
3. The discussion regarding the 11 minutes of intraservice time has been updated to highlight the fact that nearly 10-fold more scans are obtained for (9X059)

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2						92132		92132		92133		92133		92134		92134		92083		9X059	
3		*RUC Collaboration Website*				Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior		Visual field examination, unilateral or bilateral, with interpretation and report		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior	
4	Clinical Activity Code	Meeting Date: April 2023 Revision Date (if applicable): Tab: 5 Specialty: AAO, ASRS, AOA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	N/A	XXX	N/A	XXX	N/A	XXX	N/A	XXX	N/A	XXX	N/A	XXX	N/A	XXX	N/A
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9.05	$ -
8		TOTAL CLINICAL STAFF TIME	L038A			14.0	0.0	13.0	0.0	14.0	0.0	13.0	0.0	14.0	0.0	13.0	0.0	37.0	0.0	18.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L038A			2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L038A			12.0	0.0	13.0	0.0	12.0	0.0	13.0	0.0	12.0	0.0	13.0	0.0	37.0	0.0	18.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L038A			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
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD																			
14		Start: Following visit when decision for surgery/procedure made																			
15	CA001		L038A																		
16	CA002		L038A																		
17	CA003		L038A																		
18	CA004		L038A			2		0		2		0		2		0				0	
19	CA005		L038A																		
20	CA006		L038A																		
21	CA007		L038A																		
22	CA008		L038A																		
23			L038A																		
26		*Other activity: please include short clinical description here and type new in column A*	L038A																		
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		L038A																		
34	CA010		L038A																		
35	CA011		L038A					1				1				1				1	
36	CA012		L038A																		
37	CA013		L038A					2				2				2				2	
38	CA014		L038A					1				1				1				1	
39	CA015		L038A																		
40	CA016		L038A																		
41	CA017		L038A																		
42			L038A																		
45		*Other activity: please include short clinical description here and type new in column A*	L038A																		
48		Intra-service (of service period)																			
49	CA018		L038A			12				12				12							
50	CA019		L038A																		
51	CA020		L038A																		
52	CA021		L038A					6				6				6		37		11	
55			L038A																		
56		*Other activity: please include short clinical description here and type new in column A*	L038A																		
59		Post-Service (of service period)																			
60	CA022		L038A																		
61	CA023		L038A																		
62	CA024		L038A					3				3				3				3	
63	CA025		L038A																		
64	CA026		L038A																		
65	CA027		L038A																		
66	CA028		L038A																		
67	CA029		L038A																		
68	CA030		L038A																		
69	CA031		L038A																		
70	CA032		L038A																		
71	CA033		L038A																		
72	CA034		L038A																		
73	CA035		L038A																		
74	CA036		L038A			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
75			L038A																		
78		*Other activity: please include short clinical description here and type new in column A*	L038A																		
81		End: Patient leaves office/facility																			
82		POST-SERVICE PERIOD																			
83		Start: Patient leaves office/facility																			
84	CA037		L038A																		
85	CA038		L038A																		
86		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes	16																		
88		99212 27 minutes	27																		
89		99213 36 minutes	36																		
90		99214 53 minutes	53																		
91		99215 63 minutes	63																		
92	CA039		L038A			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
93			L038A																		
96		*Other activity: please include short clinical description here and type new in column A*	L038A																		
99		End: with last office visit before end of global period																			

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2						**92132**		**92132**		**92133**		**92133**		**92134**		**92134**		**92083**		**9X059**	
3		***RUC Collaboration Website***				Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior		Visual field examination, unilateral or bilateral, with interpretation and report		Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior	
4	**Clinical Activity Code**	**Meeting Date: April 2023 Revision Date (if applicable): Tab: 5 Specialty: AAO, ASRS, AOA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**N/A**	**XXX**	**N/A**	**XXX**	**N/A**	**XXX**	**N/A**	**XXX**	**N/A**	**XXX**	**N/A**	**XXX**	**N/A**	**XXX**	**N/A**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 9.05**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L038A			**14.0**	**0.0**	**13.0**	**0.0**	**14.0**	**0.0**	**13.0**	**0.0**	**14.0**	**0.0**	**13.0**	**0.0**	**37.0**	**0.0**	**18.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A			**2.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A			**12.0**	**0.0**	**13.0**	**0.0**	**12.0**	**0.0**	**13.0**	**0.0**	**12.0**	**0.0**	**13.0**	**0.0**	**37.0**	**0.0**	**18.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A			**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**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**																	
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SJ053							1				1				1				1	
103	SB023							1				1				1				1	
104	SD103																	1			
105																					
106																					
107																					
108		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*																			
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 9.05**	**$ -**
112	EL006			Default		12		0		12		0		12		0		37		0	
113	EQ237			Default		12		13		12		13		12		13					
114	**NEW**	**tomogrphic device, optical coherence angiography (OCTA)**	164500	Default	0.502569473															18	
115	EQ165																	37			
116	EQ029																	37			
117																					
118		*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.*																			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Referral: CPT/RUC Telemedicine Office Visits Workgroup

April 2023

Telemedicine Evaluation and Management (E/M) Services – Tab 06

During the COVID-19 public health emergency, there was a need to immediately provide office visits via telemedicine. For Medicare, the office visits, codes 99202-99215, were reported with a -95 modifier *Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System* to indicate the encounter was performed via telemedicine. Additionally, telephone codes 99441-99443 were reported for both new and established patients at the same Medicare payment rate as analogous in-person office visits.

In June 2022, the joint CPT/RUC Telemedicine Office Visits Workgroup was formed to assess available data and decide the appropriate next steps to determine accurate coding and valuation, as needed, for E/M office visits performed via audio-visual and audio only modalities. The Workgroup utilized the following guiding principles:

- Allow enhanced patient access and improve care by use of clear service descriptions and use of a resource-based valuation methodology
- Administratively simple
- Reduce the need for audits
- Provide a single recognized source of coding for telemedicine and audio-only office visits
- There is no direct goal for payment redistribution between specialties

The Workgroup gathered feedback via survey from 70 specialty societies on office visits performed via telemedicine to determine the next steps. Most respondents indicated they use clinical staff in the provision of telemedicine services. Another survey was also conducted to gather information about services provided via audio-only. This information allowed the Workgroup to determine that audio-video and audio-only telemedicine services should be developed. The Workgroup submitted a CPT Code Change Application (CCA) for the February 2023 CPT meeting.

In February 2023, the CPT Editorial Panel added a new Evaluation and Management (E/M) subsection for Telemedicine Services (audio/visual, audio only, virtual check-in). The Panel added 17 codes for reporting telemedicine E/M services as well as new guidelines and notes throughout the new Telemedicine Services subsection. The Panel also deleted three codes (99441-99443) to report telephone E/M services and the related guidelines.

Sixteen telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (audio-only) services. Each of these code sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the date of the encounter, the same as reporting for the in-person office visit codes. For each set of four codes, there is a code that may be reported for a straightforward, low, moderate and high level of MDM. These codes are patterned after the in-person office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or qualified healthcare provider (QHP) to be meeting with the patient (99211 does not require the presence of a physician).

In addition, the CPT Editorial Panel established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion, not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Survey

The telemedicine E/M services were surveyed by 27 specialty societies whose physicians and QHPs perform these services. The survey results showed no distinctions across all the specialties surveyed. The RUC noted that the 25th percentile and median work RVUs reported in the survey were identical for the audio-video telemedicine services and for some of the audio-only services, indicating a high degree of consistency in the responses.

For the survey instrument used, the physician time was not included in the new telemedicine E/M services descriptors or the E/M services displayed on the reference service list (RSL). **These recommendations are interim and a new survey will be conducted for September 2023 that will include the minimum required times in the code descriptors as approved by the CPT Editorial Panel. Also, additional specialties who perform these services are expected to participate.**

Overall, the survey showed that the straightforward and low level of medical decision making across all modalities and types of patients for telemedicine E/M services were equivalent to the in-person office visits. This interim recommendation based on this particular survey reflects that there may be a difference in the moderate and high level of medical decision-making services, which showed less time for audio-video and even less time for the audio-only compared to the in-person office visits.

Physical Exam

The history and physical examination are no longer a required component of service in selection of the level of E/M services. The E/M code level selection is based on the complexity of the problem or problems being addressed, the data points that are considered when making decisions and the risk of the treatment decisions. Most of what a physician or QHP does in terms of chronic management of disease can be accomplished without the traditional physical examination. However, a medically necessary physical exam is often performed remotely, and the same medical decision making is extant on that visit. Some examples of a physical exam performed via telemedicine may be assessing the patient's appearance, gauging if the patient is in any distress, appearance of the patient's skin (pale or well-perfused), clarity of patient's speech, determining if the patient is having trouble breathing, assessing if patient is confused, hearing the patient's cough and viewing the patient's social/living situation. Additionally, a more focused physical exam in which the patient can assist the physician or QHP could be palpation or percussion of certain parts of the body, ranging painful joints, focusing in on any relevant part of the body (e.g., skin lesions, conjunctiva, the back of the throat) and aiding with a neurological exam (e.g. finger to nose testing, or having a family member test the skin sensation of certain body parts).

Audio-Video – New Patient

9X075 ***Synchronous audio-video 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.***

The RUC reviewed the survey results from 84 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 0.93 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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 and 20 minutes total time) and 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.60 and 35 minutes total time). The RUC determined the surveyed code was equivalent to the top key reference code 99202 as both require the same work and similar intensity and complexity to perform even though the surveyed code requires 5 more minutes of time.

For additional support, the RUC referenced MPC code 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time and 26 minutes total time) and noted both services have similar time and intensity. **The RUC recommends an interim work RVU of 0.93 for CPT code 9X075.**

9X076 ***Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.***

The RUC reviewed the survey results from 98 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 1.60 appropriately accounts for the work required to perform this service. The RUC recommends 35 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.60 and 35 minutes total time) and 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 and 20 minutes total time). The RUC determined the surveyed code was equivalent to the top key reference code 99203, as both require the same work and time.

For additional support, the RUC referenced MPC code 92004 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits* (work RVU = 1.82, 25 minutes intra-service time and 40 minutes total time) which requires similar work and time to perform. **The RUC recommends an interim work RVU of 1.60 for CPT code 9X076.**

9X077 ***Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.***

The RUC reviewed the survey results from 135 physicians and qualified health care professionals and determined a work RVU of 2.20 appropriately accounts for the work required to perform this service. The RUC recommends 44 minutes total time. The RUC recommends a direct work RVU crosswalk to CPT code 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). The RUC determined a crosswalk was more appropriate than the survey 25th percentile work RVU of 2.60 since the intra-service time was 10 minutes less than the top key reference MPC code 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 and 60 minutes total time).

For additional support, the RUC referenced MPC codes 90937 *Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription* (work RVU = 2.11, 40 minutes intra-service time and 60 minutes total time) and 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 and 35 minutes total time) which appropriately bracket the surveyed code. **The RUC recommends an interim work RVU of 2.20 for CPT code 9X077.**

9X078 ***Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)***

The RUC reviewed the survey results from 117 physicians and qualified health care professionals and determined that a work RVU of 3.00 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes total time. The RUC recommends a direct work RVU crosswalk to CPT code 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* (work RVU = 3.00 and 40 minutes intra-service time and 60 minutes total time). The RUC determined a crosswalk was more appropriate than the survey 25th percentile work RVU of 2.60 since the intra-service time was 19 minutes less than the top key reference MPC code 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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.* (work RVU = 3.50 and 88 minutes total time).

For additional support, the RUC referenced MPC codes 12052 *Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU = 2.87, 30 minutes intra-service time and 70 minutes total time) and 52287 *Cystourethroscopy, with injection(s) for chemodenervation of the bladder* (work RVU =3.20, 21 minutes intra-service time and 58 minutes total time) which appropriately bracket the surveyed code. **The RUC recommends an interim work RVU of 3.00 for CPT code 9X078.**

Audio-Video – Established Patient

9X079 ***Synchronous audio-video 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.***

The RUC reviewed the survey results from 151 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 0.70 appropriately accounts for the work required to perform this service. The RUC recommends 17 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.* (work RVU = 0.70 and 16 minutes total time) and 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* (work RVU = 1.30 and 30 minutes total time). The RUC determined that the surveyed code was equivalent to the top key reference code 99212 as both require the same work and similar time, 17 and 16 minutes total time, respectively.

For additional support, 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 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86, 10 minutes intra-service time and 20 minutes total time) which appropriately bracket the surveyed code. **The RUC recommends an interim work RVU of 0.70 for CPT code 9X079.**

9X080 ***Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.***

The RUC reviewed the survey results from 189 physicians and qualified health care professionals and determined that a work RVU of 1.22 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes total time. The RUC recommends a direct work RVU crosswalk to CPT codes 72126 *Computed tomography, cervical spine; with contrast material* (work RVU = 1.22 and 25 minutes total time), 72129 *Computed tomography, thoracic spine; with contrast material* (work RVU = 1.22 and 25 minutes total time) and 73702 *Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections* (work RVU 1.22 and 26 minutes total time). The RUC determined a crosswalk was more appropriate than the survey 25th percentile work RVU of 1.30 since the intra-service time

was 5 minutes less than the top key reference MPC code 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* (work RVU = 1.30 and 30 minutes total time).

For additional support, the RUC referenced MPC codes 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time and 26 minutes total time) and 70491 *Computed tomography, soft tissue neck; with contrast material(s)* (work RVU = 1.38, 17 minutes intra-service time and 27 minutes total time). **The RUC recommends an interim work RVU of 1.22 for CPT code 9X080.**

9X081 ***Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.***

The RUC reviewed the survey results from 207 physicians and qualified health care professionals and determined that a work RVU of 1.74 appropriately accounts for the work required to perform this service. The RUC recommends 32 minutes total time. The RUC recommends a direct work RVU crosswalk to MPC code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74, 22 minutes intra-service time and 32 minutes total time). The RUC determined a crosswalk was more appropriate than the survey 25th percentile work RVU of 1.92 since the intra-service time was 9 minutes less than the top key reference MPC 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded* (work RVU = 1.92 and 47 minutes total time).

For additional support, the RUC referenced MPC code 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* (work RVU = 1.75, 20 minutes intra-service time and 40 minutes total time) which requires similar physician work and time. **The RUC recommends an interim work RVU of 1.74 for CPT code 9X081.**

9X082 ***Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.***

The RUC reviewed the survey results from 171 physicians and qualified health care professionals and determined that a work RVU of 2.40 appropriately accounts for the work required to perform this service. The RUC recommends 50 minutes total time. The RUC recommends a direct work RVU crosswalk to CPT code 75574 *Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) (*work RVU = 2.40, 30 minutes intra-service time and 50 minutes total time). The RUC determined a crosswalk was more appropriate than the survey 25th percentile work RVU of 2.80 since the intra-service time was 15 minutes less

than the top key reference MPC code 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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded* (work RVU = 2.80 and 70 minutes total time).

For additional support, the RUC referenced 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). **The RUC recommends an interim work RVU of 2.40 for CPT code 9X082.**

Audio-Only – New Patient

9X083 ***Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.***

The RUC reviewed the survey results from 65 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 0.93 appropriately accounts for the work required to perform this service. The RUC recommends 24 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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 and 20 minutes total time) and 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.60 and 35 minutes total time). The RUC determined the surveyed code was equivalent to the top key reference code 99202 as both require similar intensity and complexity and time to perform.

For additional support, the RUC referenced MPC code 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time and 26 minutes total time), which requires similar physician work and time to perform. **The RUC recommends an interim work RVU of 0.93 for CPT code 9X083.**

9X084 ***Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.***

The RUC reviewed the survey results from 70 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 1.57 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. (work RVU = 1.60 and 35 minutes total time) and 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 and 20 minutes total time). The RUC determined the surveyed code was equivalent to the top key reference code 99203 as both require similar work even though the surveyed code requires 5 minutes less time.

For additional support, the RUC referenced MPC code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74, 22 minutes intra-service time and 32 minutes total time), which requires similar physician work and time to perform. **The RUC recommends an interim work RVU of 1.57 for CPT code 9X084.**

9X085 ***Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.***

The RUC reviewed the survey results from 79 physicians and qualified health care professionals and determined that a work RVU of 2.01 appropriately accounts for the work required to perform this service. The RUC recommends 39 minutes total time. The RUC recommends a direct work RVU crosswalk to MPC code 74178 *Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions (*work RVU = 2.01, 30 minutes intra-service time and 40 minutes total time). The RUC determined a crosswalk was more appropriate than the survey 25th percentile work RVU of 2.18 since the intra-service time was 12 minutes less than the top key reference MPC code 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 and 60 minutes total time).

For additional support, the RUC referenced 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). **The RUC recommends an interim work RVU of 2.01 for CPT code 9X085.**

9X086 ***Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)***

The RUC reviewed the survey results from 69 physicians and qualified health care professionals and determined that a work RVU of 2.60 appropriately accounts for the work required to perform this service. The RUC recommends 55 minutes total time. The RUC recommends a direct work RVU crosswalk to second top key reference MPC code 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 and 60 minutes total time). The RUC determined a crosswalk was more appropriate than the survey 25th percentile work RVU of 3.00 since the work and time of the survey code is similar to code 99204.

For additional support, the RUC referenced MPC code 12052 *Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU = 2.87, 30 minutes intra-service time and 70 minutes total time). **The RUC recommends an interim work RVU of 2.60 for CPT code 9X086.**

Audio-Only – Established Patient

9X087 ***Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.***

The RUC reviewed the survey results from 141 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 0.70 appropriately accounts for the work required to perform this service. The RUC recommends 19 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.* (work RVU = 0.70 and 16 minutes total time) and 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* (work RVU = 1.30 and 30 minutes total time). The RUC determined the surveyed code was equivalent to the top key reference code 99212 as both require the same work and similar time.

For additional support, 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 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86, 10 minutes intra-service time and 20 minutes total time) which appropriately bracket the surveyed code. **The RUC recommends an interim work RVU of 0.70 for CPT code 9X087.**

9X088 ***Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.***

The RUC reviewed the survey results from 158 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 1.20 appropriately accounts for the work required to perform this service. The RUC recommends 26 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.* (work RVU = 1.30 and 30 minutes total time) and 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. (work RVU = 0.70 and 16 minutes total time). The RUC determined the surveyed code was comparable to the top key reference code 99213 as both require similar work and time.

For additional support, the RUC referenced MPC codes 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time and 26 minutes total time) and 73721 *Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material* (work RVU = 1.35, 20 minutes intra-service time and 30 minutes total time) which appropriately bracket the surveyed code. **The RUC recommends an interim work RVU of 1.20 for CPT code 9X088.**

9X089 ***Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.***

The RUC reviewed the survey results from 144 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 1.80 appropriately accounts for the work required to perform this service. The RUC recommends 34 minutes total time.

The RUC compared the surveyed code to the top key reference service MPC 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded* (work RVU = 1.92 and 47 minutes total time). The RUC determined the surveyed code is appropriately less than code 99214 because it requires less work and time to perform.

For additional support, the RUC referenced MPC codes 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74, 22 minutes intra-service time and 32 minutes total time) and 99460 *Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant* (work RVU = 1.92, 30 minutes intra-service time and 50 minutes total time) which appropriately bracket the surveyed code. **The RUC recommends an interim work RVU of 1.80 for CPT code 9X089.**

9X090 ***Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417)***

The RUC reviewed the survey results from 120 physicians and qualified health care professionals and determined that a work RVU of 2.40 appropriately accounts for the work required to perform this service. The RUC recommends 47 minutes total time. The RUC recommends a direct work RVU crosswalk to CPT code 75574 *Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function,*

and evaluation of venous structures, if performed) (work RVU = 2.40, 30 minutes intra-service time and 50 minutes total time). The RUC determined a crosswalk of 2.40 was more appropriate than the survey 25th percentile work RVU of 2.49 because it places this service in the proper rank order based on the intensity and complexity and time to perform this service.

For additional support, the RUC referenced 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). **The RUC recommends an interim work RVU of 2.40 for CPT code 9X090.**

Virtual Check-In

9X091 ***Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion***

The RUC reviewed the survey results from 112 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 0.29 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes pre-service time, 10 minutes intra-service time and 2 minutes post-service time.

The RUC compared the surveyed code to the key reference service MPC code 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.* (work RVU = 0.70 and 16 minutes total time) and determined that the surveyed code may require a similar amount of time to perform, but it is much less intense and complex, thus valued lower.

For additional support, the RUC referenced MPC codes 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (work RVU = 0.17, 3 minutes intra-service time and 6 minutes total time) and 97530 *Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes* (work RVU = 0.44, 15 minutes intra-service time and 19 minutes total time) which appropriately bracket the surveyed code. **The RUC recommends an interim work RVU of 0.29 for CPT code 9X091.**

CPT Descriptor Time
The RUC recommends the following times for the CPT descriptors based on the same time in the office visit descriptors. The time in the CPT descriptors is rounded or incremental between this family of services for the ease of those who may report these services based on time.

CPT Code		Time on the Date of Encounter Recommendation to CPT
9X075	Audio-video, new patient, straightforward MDM	**15**
9X076	Audio-video, new patient, low MDM	**30**

9X077	Audio-video, new patient, moderate MDM	**45**
9X078	Audio-video, new patient, high MDM	**60**
9X079	Audio-video, established patient, straightforward MDM	**10**
9X080	Audio-video, established patient, low MDM	**20**
9X081	Audio-video, establishes patient, moderate MDM	**30**
9X082	Audio-video, established patient, high MDM	**40**
9X083	Audio-only, new patient, straightforward MDM	**15**
9X084	Audio-only, new patient, low MDM	**30**
9X085	Audio-only, new patient, moderate MDM	**45**
9X086	Audio-only, new patient, high MDM	**60**
9X087	Audio-only, established patient, straightforward MDM	**10 must be exceeded**
9X088	Audio-only, established patient, low MDM	**20**
9X089	Audio-only, establishes patient, moderate MDM	**30**
9X090	Audio-only, established patient, high MDM	**40**

Practice Expense

The specialty societies surveyed the clinical activities for the telemedicine E/M services and received 182 responses in which 60% of the respondents indicated that the use of clinical staff in the provision of telemedicine E/M services was typical (>50%). The survey directed survey respondents to indicate typical clinical time by CPT code and by clinical activity. The survey included the clinical activities currently included in the direct PE inputs for 99202-99215 as well as an opportunity to write in time and specify additional activities for pre-service period, service period and post-service period. For the survey responses that included clinical staff time, the clinical activity medians were computed and then summed to calculate total time.

The Practice Expense Subcommittee approved the direct practice expense inputs as recommended by the specialty societies without modification. The specialty societies detailed their methodology for making some changes to specific clinical activity codes to adapt them for telemedicine. The specialty societies indicated that only specific clinical activities are applicable and edited CA009 *Greet patient, provide gowning, Ensure appropriate medical records are available*, by deleting "greet patient, provide gowning" and CA013 *Prepare room, equipment and supplies Prepare patient for the visit (i.e., check audio and/or visual),* by deleting "prepare room, equipment and supplies" and adding "prepare patient for the visit (i.e., check audio and/or visual)." The specialty societies explained how they solicited both individual time in each of the clinical activities and total time. The specialty societies also assiduously reviewed each code using the medians for relevant clinical activities and making minor adjustments, so the amount of time for the clinical staff increased appropriately along with the complexity of the medical decision making. In addition, the PE Subcommittee recommends to CMS that a camera and microphone should be considered typical in the computer contained in the indirect overhead expense. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies. The RUC noted that the resurvey of physician work for September 2023 would not impact these practice expense recommendations and affirmation of these practice expense recommendations is expected.**

HCPCS Codes

The RUC recommends deletion of 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* as this service may be reported using CPT code 9X091 in 2025. The RUC also recommends deletion of 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* as this service may be reported using CPT codes 9X083 or 9X087. **The RUC recommends that CMS delete G2012 and G2252.**

Work Neutrality

The RUC's recommendation for these CPT codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Office or Other Outpatient Services** ... **Telemedicine Services** Telemedicine services are synchronous, real-time, interactive encounters between a physician or other qualified health care professional and a patient utilizing either combined audio-video or audio-only telecommunication. Unless specifically stated in the code descriptor, telemedicine services level selection is based on either the level of MDM or the total time for E/M services performed on the date of the encounter, as defined for each service. Telemedicine services are used in lieu of an in-person service when medically appropriate to address the care of the patient and when the patient and/or family/caregiver agree to this format of care. Telemedicine services are not used to report routine telecommunications related to a previous encounter (eg, to communicate lab results). They may be used for follow-up of a previous encounter when a follow-up E/M service is required in the same manner as in-person E/M services are utilized. For example, telemedicine services may be used for a patient requiring re-assessment for response or complications related to the treatment plan of a previous visit. Except for 9X091, these services do not require a specific time interval from the last in-person or telemedicine visit and may be initiated by a physician or other qualified health care professional as well as by a patient and/or family/caregiver. However, the telemedicine services must be performed on a separate calendar date from another E/M service. When performed on the same date of another E/M service, the elements and time of these services are summed and reported in aggregate, ensuring that any overlapping time is only counted once. For audio-only telemedicine services for established patients with 5-10 minutes of medical discussion, report brief communication technology service (eg, virtual check-in) code 9X091. Code 9X091 is reported for established patients only. The service is patient initiated and intended to				

evaluate whether a more extensive visit type is required (eg, an office or other outpatient E/M service [99212, 92213, 99214, 99215]). Video technology is not required. When the patient-initiated check in leads to an E/M service on the same calendar date, and when time is used to select the level of that E/M service, the time from 9X091 may be added to the time of the E/M service for total time on the day of the encounter.

For services that are asynchronous (ie, not live in real time), see Online Digital Evaluation and Management Services (99421, 99422, 99423). Do not report telemedicine services for oversight of clinical staff (eg, chronic care management). Do not count the time performing telemedicine services towards time performing chronic care management (99437, 99491) or principal care management services (99424, 99425). See Table 2, Telemedicine E/M Office Visits.

For 9X075-9X090, the level of service is selected based on medical decision making (MDM) or total time on the date of the encounter. For audio-only codes 9X083, 9X084, 9X085, 9X086, 9X087, 9X088, 9X089, 9X090, the service must exceed 10 minutes of medical discussion. Code 9X091 describes services for established patients with 5-10 minutes of medical discussion and is based only on the time of medical discussion and not MDM. (See E/M Guidelines). Do not count time establishing the connection or arranging the appointment, even when performed by the physician or other qualified health care professional. Services less than five minutes are not reported.

For audio-only codes 9X083, 9X084, 9X085, 9X086, 9X087, 9X088, 9X089, 9X090, medical discussion is synchronous (real-time) interactive verbal communication and does not include on-line digital communication (except when via a telecommunication technology device for the deaf). MDM has the meaning used in the E/M Guidelines and is a cognitive process by the physician or qualified health care professional.

If during the encounter, audio-video connections are lost and only audio is restored, report the service that accounted for the majority of the time of the interactive portion of the service. Ten minutes of medical discussion or patient observation must be exceeded in order to report the service.

Table 2: Telemedicine E/M Services

Service	New / Established	Synchronous	Level / Unit Reported	Service Period	Other E/M Notations
Synchronous Audio-video (9X075-9X082)	Both	Yes	MDM or total time on the date of the service. No minimum required time unless level selected by time.	Per single calendar date	Do not report with same day in-person E/M
Synchronous Audio-only (9X083-9X090)	Both	Yes	MDM or total time on the date of the service. Must be more than 10 minutes of	Per single calendar date	Do not report with same day in-person E/M

				medical discussion.		
	Brief Synchronous Communication Technology Service (9X091)	Established	Yes	A single 5-10-minute medical discussion	Per single calendar date	Not related to E/M in prior 7 days or leading to E/M next 24 hours
	On-line Digital E/M (99421-99423)	Established	No	Minutes during 7-day period	Per 7 days	Not related to E/M in prior 7 days or leading to E/M next 24 hours
	Interprofessional Telephone/Internet/EHR Consultations (99446-99451)	Both	Not required	Minutes during 7-day period	Per 7 days	No in-person encounter within 14 days.
	Interprofessional Telephone/Internet/EHR Consultations (99452)	Both	Not Required	Minutes during a single day	Per 14 days	No in-person encounter within 14 days.
	Care Management and Remote Treatment Management (99424, 99425, 99437, 99484, 99491)	Established	Not required	Minutes	Per calendar month	Physician or qualified health care professional time excluded on date of other E/M
	All	Same time is not counted twice				

Synchronous Audio-Video Evaluation and Management Services

Codes 9X075, 9X076, 9X077, 9X078, 9X079, 9X080, 9X081, 9X082 may be reported for new or established patients. Synchronous audio and video telecommunication is required. These services may be reported based on total time on the date of the encounter or MDM.

New Patient

#●9X075	C1	Synchronous audio-video 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.	XXX	Resurvey for September 2023 Interim Work RVU = 0.93
#●9X076	C2	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 1.60
#●9X077	C3	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 2.20
#●9X078	C4	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)	XXX	Resurvey for September 2023 Interim Work RVU = 3.00

Established Patient				
#●9X079	C5	Synchronous audio-video 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 0.70
#●9X080	C6	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 1.22
#●9X081	C7	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 1.74
#●9X082	C8	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417)	XXX	Resurvey for September 2023 Interim Work RVU = 2.40

Synchronous Audio-Only Evaluation and Management Services

Codes 9X083, 9X084, 9X085, 9X086, 9X087, 9X088, 9X089, 9X090 may be reported for new or established patients. They require more than 10 minutes of medical discussion. For services of 5-10 minutes of medical discussion, report 9X091, if appropriate. If 10 minutes of medical discussion is exceeded, total time on the date of the encounter or MDM may be used for code level selection.

New Patient

#●9X083	C9	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 0.93
#●9X084	C10	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 1.57
#●9X085	C11	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 2.01
#●9X086	C12	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)	XXX	Resurvey for September 2023 Interim Work RVU = 2.60

Established Patient				
#●9X087	C13	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 0.70
#●9X088	C14	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 1.20
#●9X089	C15	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	XXX	Resurvey for September 2023 Interim Work RVU = 1.80
#●9X090	C16	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417) (Do not report 9X087, 9X088, 9X089, 9X090 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s]) (Do not report 9X087, 9X088, 9X089, 9X090 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not report 9X087, 9X088, 9X089, 9X090 during the same month with 99487, 99489)	XXX	Resurvey for September 2023 Interim Work RVU = 2.40

		(Do not report 9X087, 9X088, 9X089, 9X090 when performed during the service time of 99495, 99496)		
Brief Synchronous Communication Technology Service (eg, Virtual Check-In) Code 9X091 is reported for established patients only. The service is patient initiated and intended to evaluate whether a more extensive visit type is required (eg, an office or other outpatient E/M service [99212, 92213, 99214, 99215]). Video technology is not required. It is of shorter duration than the audio-only services and has other restrictions that are related to the intended use as a "virtual check-in" or triage to determine if another E/M service is necessary. When the patient-initiated check in leads to an E/M service on the same calendar date, and when time is used to select the level of that E/M service, the time from 9X091 may be added to the time of the E/M service for total time on the day of the encounter.				
#●9X091	C17	Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion (Do not report 9X091 in conjunction with 9X075-9X090) (Do not report services of less than 5 minutes of medical discussion)	XXX	Resurvey for September 2023 Interim Work RVU = 0.29
DG2012	-	~~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~~	~~XXX~~	~~(2023 Work RVU = 0.25)~~
DG2252	-	~~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~~	~~XXX~~	~~(2023 Work RVU = 0.50)~~

		~~next 24 hours or soonest available appointment; 11-20 minutes of medical discussion~~		

Non-Face-to-Face Services

Telephone Services

~~Telephone services are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a physician or other qualified health care professional, who may report evaluation and management services. These codes are used to report episodes of patient care initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit. Likewise, if the telephone call refers to an E/M service performed and reported by that individual within the previous seven days (either requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) is considered part of that previous E/M service or procedure. (Do not report 99441-99443, if 99421, 99422, 99423 have been reported by the same provider in the previous seven days for the same problem.)~~

~~(For telephone services provided by a qualified nonphysician who may not report evaluation and management services [eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians), see 98966-98968)~~

D99441	-	~~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~~	~~XXX~~	~~(2023 Work RVU = 0.70)~~
D99442	-	~~11-20 minutes of medical discussion~~	~~XXX~~	~~(2023 Work RVU = 1.30)~~
D99443	-	~~21-30 minutes of medical discussion~~ ~~(Do not report 99441-99443 when using 99374-99380 for the same call[s])~~ ~~(Do not report 99441-99443 for home and outpatient INR monitoring when reporting 93792, 93793)~~ ~~(Do not report 99441-99443 during the same month with 99487-99489)~~	~~XXX~~	~~(2023 Work RVU = 1.92)~~

		~~(Do not report 99441-99443 when performed during the service time of codes 99495 or 99496)~~ (99441, 99442, 99443 have been deleted. To report, see 9X083, 9X084, 9X085, 9X086, 9X087, 9X088, 9X089, 9X090, 9X091)		

Interprofessional Telephone/Internet/Electronic Health Record Consultations

The consultant should

…

Telephone/Internet/electronic health record consultations of less than five minutes should not be reported. Consultant communications with the patient and/or family may be reported using 98966, 98967, 98968, 99421, 99422, 99423, ~~99441, 99442, 99443,~~ 9X087, 9X088, 9X089, 9X090, 9X091, and the time related to these services is not used in reporting 99446, 99447, 99448, 99449. Do not report 99358, 99359 for any time within the service period, if reporting 99446, 99447, 99448, 99449, 99451.

When the sole…

The treating/requesting …

(For telephone services provided by a physician or other qualified health care professional to a patient, see ~~99441, 99442, 99443~~ 9X083, 9X084, 9X085, 9X086, 9X087, 9X088, 9X089, 9X090, 9X091)

(For telephone services provided by a qualified nonphysician health care professional who may not report evaluation and management services [eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians], see 98966, 98967, 98968)

(For online digital E/M services provided by a physician or other qualified health care professional to a patient, see 99421, 99422, 99423)

99446 *Interprofessional telephone/Internet…*

Chronic Care Management Services

#99490 *Chronic care management…*

#+99439 *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)* 3*CPT Changes: An Insider's View* 2021, 2022

(Use 99439 in conjunction with 99490)

(Chronic care management services of less than 20 minutes duration in a calendar month are not reported separately)

(Chronic care management services of 60 minutes or more and requiring moderate or high complexity medical decision making may be reported using 99487, 99489)

(Do not report 99439 more than twice per calendar month)

(Do not report 99439, 99490 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99487, 99489, 99491, 99605, 99606, 99607)

(Do not report 99439, 99490 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, ~~99441, 99442, 99443,~~ 9X087, 9X088, 9X089, 9X090, 9X091, 99605, 99606, 99607)

#99491 *Chronic care management…*

#✚99437 *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)*

(Use 99437 in conjunction with 99491)

(Do not report 99437 for less than 30 minutes)

(Do not report 99437, 99491 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99439, 99487, 99489, 99490, 99605, 99606, 99607)

(Do not report 99437, 99491 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, ~~99441, 99442, 99443,~~ 9X087, 9X088, 9X089, 9X090, 9X091, 99495, 99496, 99605, 99606, 99607)

Complex Chronic Care Management Services

99487 *Complex chronic care…*

(Complex chronic care management services of less than 60 minutes duration in a calendar month are not reported separately)

✚99489 *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)*

(Report 99489 in conjunction with 99487)

(Do not report 99489 for care management service of less than 30 minutes)

(Do not report 99487, 99489 during the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99439, 99490, 99491)

(Do not report 99487, 99489 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, ~~99441, 99442, 99443,~~ 9X087, 9X088, 9X089, 9X090, 9X091, 99605, 99606, 99607)

Principal Care Management Services

#99424 *Principal care management…*

#✚99425 *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)*

(Use 99425 in conjunction with 99424)

(Principal care management services of less than 30 minutes duration in a calendar month are not reported separately)

(Do not report 99424, 99425 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99426, 99427, 99437, 99439, 99473, 99474, 99487, 99489, 99490, 99491)

(Do not report 99424, 99425 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, ~~99441, 99442, 99443,~~ 9X087, 9X088, 9X089, 9X090, 9X091, 99605, 99606, 99607)

#99426 *Principal care management…*

#✚99427 *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)*

(Use 99427 in conjunction with 99426)

(Principal care management services of less than 30 minutes duration in a calendar month are not reported separately)

(Do not report 99427 more than twice per calendar month)

(Do not report 99426, 99427 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99437, 99439, 99473, 99474, 99487, 99489, 99490, 99491)

(Do not report 99426, 99427 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, ~~99441, 99442, 99443,~~ 9X087, 9X088, 9X089, 9X090, 9X091, 99605, 99606, 99607)

Medicine

Cardiovascular

Cardiac Catheterization for Congenital Heart Defects

Home and Outpatient International Normalized Ratio (INR) Monitoring Services

Home and outpatient…

If a significantly…

Do not report…

Do not report 93792, 93793 in conjunction with 98966, 98967, 98968, 98970, 98971, 98972, 99421, 99422, 99423, ~~99441, 99442, 99443,~~ 9X087, 9X088, 9X089, 9X090, 9X091, when telephone or online digital evaluation and management services address home and outpatient INR monitoring.

Do not count…

93792 *Patient/caregiver training…*

Non-Face-to-Face Nonphysician Services
Telephone Services

Telephone services are non-face-to-face assessment and management services provided by a qualified health care professional to a patient using the telephone. These codes are used to report episodes of care by the qualified health care professional initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent assessment and management service, procedure, and visit. Likewise, if the telephone call refers to a service performed and reported by the qualified health care professional within the previous seven days (either qualified health care professional requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous service or procedure. (Do not report 98966-98968 if reporting 98966-98968 performed in the previous seven days.)

(For telephone services provided by a physician, see ~~99441, 99442, 99443,~~ 9X087, 9X088, 9X089, 9X090, 9X091)

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*

RUC Descriptor Time Recommendations to CPT

Synchronous Audio-Video Evaluation and Management Services **New Patient**	
9X075	Synchronous audio-video 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.
9X076	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
9X077	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
9X078	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)

Established Patient	
9X079	Synchronous audio-video 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
9X080	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
9X081	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
9X082	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417)

Synchronous Audio-Only Evaluation and Management Services New Patient	
9X083	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
9X084	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
9X085	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
9X086	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)

Established Patient	
9X087	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be ~~met or~~ exceeded.
9X088	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
9X089	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
9X090	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417) (Do not report 9X087, 9X088, 9X089, 9X090 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s]) (Do not report 9X087, 9X088, 9X089, 9X090 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not report 9X087, 9X088, 9X089, 9X090 during the same month with 99487, 99489) (Do not report 9X087, 9X088, 9X089, 9X090 when performed during the service time of 99495, 99496)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

April 24, 2023

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Silva:

On behalf of the American Academy of Family Physicians (AAFP) and its 129,600 members, we write to comment on the recommendations in Tab 6 (Telemedicine Evaluation and Management Services) of the April 2023 RUC agenda. Although the AAFP did not participate in the survey of these services, many family physicians provide them as part of their practices. These comments are based on our review of the recommendations.

Synchronous Audio-Video Evaluation and Management Services

We support the recommended values for the synchronous audio-video (AV) evaluation and management (E/M) services. Some telemedicine visits require the same level of work by the physician and incur the same level of liability as in-person visits; therefore, those telemedicine services should be reimbursed at parity with the corresponding in-person visit. This is certainly true for synchronous audio-video E/M services.

The descriptors for codes 9X075-9X082 are already the same as those for the corresponding office/outpatient E/M services (99202-99205 and 99212-99215) in terms of medical decision making (MDM). If, as recommended, the times in the descriptors are the same as those of the corresponding office/outpatient E/M services, then there will be nothing to distinguish the two sets of services other than the delivery modality. We agree with the specialties that this distinction does not merit assigning different work relative value units (RVUs).

Setting the work RVUs for these codes on par with those for office/outpatient E/M services is further supported by the survey results. As noted in the summary of recommendation forms, the survey median and 25th percentile work RVUs for all eight AV codes were identical to the current work RVU for the office/outpatient visit code with the same level of MDM. Most respondents also indicated that the intensity/complexity measures for the survey code were identical to the key reference service, thereby supporting parity in work RVUs.

Synchronous Audio-Only Evaluation and Management Services

We support the specialties' recommended values for 9X083, 9X084, 9X085, 9X087, and 9X088. In each instance, the recommended value appears supported by a time and intensity comparison to the key reference service and/or a search of the RUC database for other RUC-reviewed codes with an XXX global period and comparable intra-service time and total time.

We are less confident in the recommended values for 9X086, 9X089, and 9X090. For each of these three codes, the recommended value appears high based on a time and intensity comparison to the key reference service. Likewise, a search of the RUC database for RUC-reviewed codes with an XXX global period and comparable times did not yield supportive comparators.

In fact, some of the codes we found when searching the RUC database also suggested the recommended values were high. For example, code 9X090 describes an audio-only E/M service which is recommended to have 30 minutes of intra-service time, 47 minutes of total time, and a work RVU of 2.49. By comparison, code 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), which has the same intra-service time and total time only has a work value of 1.92. Further explanation of the specialties' recommendations for 9X086, 9X089, and 9X090 would be helpful.

Brief Synchronous Communication Technology Service (eg, Virtual Check-In)

In comparing 9X091 to the key reference services based on time and intensity, we found the recommended value of 0.25 to be low. Respondents generally rated 9X091 as identical in intensity to the key reference service that they chose, and the recommended time for 9X091 compared to the times for the key reference services would suggest a value higher than 0.25.

Also, we found seven RUC-reviewed codes an XXX global period that have the same intra-service time and total time. All are valued higher than the 0.25 recommended for this code:

CPT Code	Long Desc	Work RVU
74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	0.59
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	0.53
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	0.64
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	0.60
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	0.55
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	0.40
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	0.43

	care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	

We were confused by some aspects of the Description of Work on the summary of recommendation for this code. First, the Description of Work uses the term “visit.” There is no “visit” with this service. Second, there is no description of pre-service work or post-service work, but the specialties are recommending 3 minutes of pre-service time and 2 minutes of post-service time. Finally, the entire Description of Work seems out of sync with the code descriptor. Some clarification of the Description of Work would be helpful.

Practice Expenses

We support the practice expense inputs recommended for this family of codes.

Thank you for the opportunity to comment on this tab. Please let us know if you have any questions about these comments.

Sincerely,

/s/

Brad Fox, MD
AAFP RUC Advisor

/s/

Amber Isley, MD
AAFP Alternate RUC Advisor

April 24, 2023

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Silva:

On behalf of the American College of Physicians (ACP) and our 161,000 members, we write to comment on the recommendations in Tab 6 (Telemedicine Evaluation and Management Services) of the April 2023 RUC agenda. While ACP did not participate in the survey of these services, internal medicine physicians continue to make up a large portion of clinicians providing them as part of their practices. It is the College's intent that these comments speak to our review of the recommendations.

Synchronous Audio-Video Evaluation and Management Services

ACP supports the recommended values for the synchronous audio-video evaluation and management (E/M) services. The College strongly believes that audio-video telemedicine visits require the same level of work by the physician (and their care team) as in-person visits. Physicians additionally incur the same level of liability as in-person visits, which has its own costs and considerations attributed to it. We further do not believe that the absence of the patient at the facility negates the time nor work involved with these services. Therefore, audio-video telemedicine visits should be reimbursed at parity with the corresponding in-person visit.

Our belief is further supported by the fact that the medical decision making (MDM) for the subject audio-video E/M services (9X075-9X082) is the same as that for the corresponding office/outpatient (O/O) E/M services (99202-99205 and 99212-99215). The surveying societies have also recommended that the times in the descriptors remain the same as those of the corresponding O/O E/M services. If the RUC approves the recommended times, which the College believes are supported by the survey data, there will not exist any *meaningful* distinguishing factor between the two sets of services. The College agrees with the surveying societies that the difference in delivery modality in no way merits assigning different relative work value units (RVUs) as the work is the same. Allocation of the same work RVUs is also supported by the survey data, which is comparable to the work RVUs established for the O/O E/M services with the same level of MDM. The intensity and complexity measures for the subject survey codes were also identical to the corresponding reference service.

Synchronous Audio-Only Evaluation and Management Services

ACP is less confident in the recommended values for the subject audio-only E/M codes, particularly 9X086, 9X089, and 9X090. Unlike the recommended values for 9X083, 9X084, 9X085, 9X097, and 9X088, the College does not believe these codes are supported by survey data, time and intensity comparisons,

nor comparator codes identified via the RUC database. We feel it would be exceptionally rare for high level MDM to occur in an audio-only visit. In our experience, most health systems would not support physician templates with the CPT times of 60-74 minutes for a new patient, as required by 9X086, nor the 40-54 minutes for an established patient, as required by 9X090. Regarding 9X089, ACP feels the data is problematic in a different way. It is highly likely this code will be reported mostly based on MDM. Rarely will the CPT time of 30-39 minutes be invoked. The survey is robust with 144 respondents, and we feel the survey 25th percentile RVU of 1.80 is close enough to the 1.92 RVU for 99214, which is the closest analogous service. The survey time of 34 minutes, while in the middle of the CPT time of 30-39 minutes, seems to be the anomaly, and might be an artifact of how the survey was worded and of the reference services that were provided for comparison. For these reasons, ACP would welcome further explanation from the surveying societies on the subject recommendations.

In establishing the values for these services, the College also strongly recommends the RUC and surveying societies to heed the potential downstream impacts. While the College understands it is not the role of the RUC to disincentivize nor incentivize the provision of any given service, the valuation process does not operate in a vacuum. The reality is that reimbursement rates regularly inform access and coverage decisions, and access to telemedicine services, particularly audio-only E/M visits, is a lifeline for millions of patients across the country and has a positive impact on physicians as well.

Brief Synchronous Communication Technology Service (i.e., Virtual Check-in)

ACP does not support the recommendation for the subject virtual check-in code, 9X091. As compared to the reference service, 99212, the recommended value for 9X091 of 0.25 seems incredibly low. A closer look at the intensity complexity measures reveals that survey respondents found 9X091 identical in intensity when rated against the selected reference service. 99212 includes 16 minutes of total time, and 9X091 includes 15 minutes of total time. It is concerning that a code rated identical in complexity, with similar times, has a recommended wRVU that is *less* 0.45 wRVUs than its comparator. The College has additional concerns with the provided description of work, which does not support the code descriptor. For these reasons, the College would appreciate additional clarification on both the recommended values and information used to inform the description.

Practice Expense

We support the practice expense inputs recommended for this family of codes.

Thank you for the opportunity to comment on this tab. Please let us know if you have any questions regarding the subject comments.

Sincerely,

/s/
Charlie Hamori, MD, FACP
ACP RUC Advisor

American College of Physicians
Leading Internal Medicine, Improving Lives

/s/
Jeannine Engel, MD, MACP
ACP Alternate RUC Advisor

25 Massachusetts Avenue, NW, Suite 700, Washington, DC 20001-7401 | 202-261-4500, 800-338-2746 | www.acponline.org
190 N Independence Mall West, Philadelphia, PA 19106-1572 | 215-351-2400, 800-523-1546 | www.acponline.org

April 24, 2023

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

RE: Society comments on Tab 6 Telemedicine E/M services

Dear Dr. Silva:

The AASM appreciates the opportunity to comment on the recommendations for Tab 6, Telemedicine Evaluation and Management Services, in advance of the April RUC meeting. The AASM is dedicated to advancing sleep care and enhancing sleep health to improve lives, and the comments included in this response reflect the needs of more than 9,000 individual AASM members and 2,500 AASM-accredited sleep facilities, providing sleep medicine services to patients with sleep disorders. Members of the AASM Coding & Compliance Committee reviewed the value recommendations, along with the RUC Advisor and Alternate Advisor, to develop these comments submitted on behalf of the AASM.

Synchronous Audio-Video Evaluation and Management Services
The AASM agrees with the recommended values for the audio-video evaluation and management services codes, as these values align with the values for the key reference services. We also agree that the time and intensity for these codes are comparable and encourage the RUC to support these values, which are also being recommended at the 25th percentile, based on survey data.

Synchronous Audio-only Evaluation and Management Services
The AASM also supports the recommended values for the audio-only codes, based on the key reference services and the survey data. We agree that the recommended values for 9X083 – 9X086 should include higher times, which is appropriate for new patients, and are appropriate based on time and intensity. We also agree that 9X084 – 9X090 values should be comparable to the values for 99441 – 99443, as they describe similar services for established patients and align with the survey data.

Brief Synchronous Communications Technology Service
The AASM believes that the description of work for this code, while likely inconsistent due to clerical error, should be revised for consistency with the code descriptor. Additionally, the AASM believes that the recommended value for code 9X091, which will replace G2012, is too low. While the recommended value is comparable to the value for G2012, the survey data shows that a higher value would be more appropriate. We recommend that this service be valued at a minimum of 0.29, which is consistent with the survey data at the 25th percentile.

AASM appreciates the work by the surveying societies to develop these recommendations and the RUC's consideration of these comments. Please feel free to contact Diedra Gray, AASM Director of Health Policy, at dgray@aasm.org or 630-737-9700, for additional information or clarifications.

Sincerely,

Charles Bae, MD
AASM RUC Advisor

Jeremy Weingarten, MD
AASM Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:9X075 Tracking Number C1 Original Specialty Recommended RVU: **0.93**
Presented Recommended RVU: **0.93**
Global Period: XXX Current Work RVU: **0.93** RUC Recommended RVU: **0.93**

CPT Descriptor: Synchronous audio-video 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.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-video visit for a new patient with a self-limited problem.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: Prior to Visit: Review any medical records and data. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history forms completed by the patient. Obtain a medically appropriate history, including pertinent components of history of present illness (HPI), review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate visual examination. Synthesize the relevant history and visual examination to formulate a differential diagnosis and treatment plan (requiring straightforward medical decision making [MDM]). Discuss treatment plan with patient and family. Provide patient education and respond to questions from patient and/or family. Document the encounter in the medical record. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family that may occur after the visit and respond to treatment failures. Coordinate follow up/orders with office staff.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Tuohy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS), American Geriatrics Society (AGS)
CPT Code:	9X075
Sample Size: 37785	**Resp N:** 84
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	19.00	300.00
Survey RVW:	0.20	0.93	**0.93**	1.50	10.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**15.00**	20.00	85.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X075	**Recommended Physician Work RVU: 0.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**

Intra-Service Time:	15.00

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.60	**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 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.70	**RUC Time**	9,448,386

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

95819	XXX	1.08	**RUC Time**	161,385

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 59 **% of respondents:** 70.2 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 11.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X075	**Top Key Reference CPT Code:** 99202	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	5.00	2.00	5.00
Median Intra-Service Time	15.00	15.00	25.00
Median Immediate Post-service Time	5.00	3.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**20.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	5%	75%	19%	2%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	86%	12%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	69%	20%
Physical effort required	39%	54%	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	0%	61%	39%

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	10%	70%	20%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	60%	30%
Physical effort required	30%	60%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	60%	30%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes

- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15 minutes must be met	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30 minutes must be met	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45 minutes must be met	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60 minutes must be met	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10 minutes must be met	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20 minutes must be met	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30 minutes must be met	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40 minutes must be met	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15 minutes must be met	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30 minutes must be met	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate	2.18	28	39	0.067

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	MDM, 45 minutes must be met				
9X086	Audio-Only, NEW pt, High MDM, 60 minutes must be met	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10 minutes must be exceeded	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20 minutes must be met	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30 minutes must be met	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40 minutes must be met	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X075

Synchronous audio-video 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, XX minutes must be met or exceeded.

There were 84 respondents of whom 88% found the vignette to be typical. Both the survey median and 25th percentile RVW are 0.93 and the times are 5/15/5/25.

The first key reference service, which was chosen by 59 of the respondents, was 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*, which has an RVW of 0.93, and times of 2/15/3/20.

When reported based on MDM, both codes require straightforward decision making and the survey total time was 5 minutes longer for 9X075 which supports the 25th percentile RVW. Therefore, the expert panel agreed that the survey

25th percentile RVW was appropriate. The expert panel also agreed that the median intraservice time was appropriate because it was identical to the time for 99202.

For 9X075, the expert panel recommends an RVW of 0.93, preservice time of 5 minutes, intraservice time of 15 minutes, postservice time of 5 minutes, and a total time of 25 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99202-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 71,013 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage	%

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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 99202-95

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:9X076 Tracking Number C2 Original Specialty Recommended RVU: **1.60**
Presented Recommended RVU: **1.60**
Global Period: XXX Current Work RVU: **1.60** RUC Recommended RVU: **1.60**

CPT Descriptor: Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-video visit for a new patient with a stable chronic illness or acute uncomplicated injury.

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:

Description of Intra-Service Work: Prior to Visit: Review any medical records and data. Query the prescription monitoring program (PMP), health information exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history forms completed by the patient. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate visual examination. Synthesize the relevant history, visual examination, and data elements to formulate a differential diagnosis, diagnostic strategy, and treatment plan (requiring low level of MDM). Discuss the treatment options with patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange for diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Tuohy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS), American Geriatrics Society (AGS)
CPT Code:	9X076
Sample Size: 37785	**Resp N:** 98
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**11.00**	35.00	300.00
Survey RVW:	0.70	1.60	**1.60**	1.70	10.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	18.00	**25.00**	30.00	85.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X076	**Recommended Physician Work RVU: 1.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**

Intra-Service Time:	25.00

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.60	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	1.30	**RUC Time**	75,820,315

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

92004	XXX	1.82	**RUC Time**	1,941,339

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
		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: 79 **% of respondents:** 80.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 5.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X076	**Top Key Reference CPT Code:** 99203	**2nd Key Reference CPT Code:** **99202**
Median Pre-Service Time	5.00	5.00	2.00
Median Intra-Service Time	25.00	25.00	15.00
Median Immediate Post-service Time	5.00	5.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**35.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	78%	16%	1%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	1%	86%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	68%	24%
Physical effort required	39%	51%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	1%	62%	37%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	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	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	60%	20%
Physical effort required	20%	80%	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 IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes

- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate	2.18	28	39	0.067

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	MDM, 45-59 min day of encounter				
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40-54 min day of encounter	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X076

Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making.
When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.
There were 98 respondents of whom 93% found the vignette to be typical. Both the survey median and 25th percentile RVW are 1.60 and the survey times are 5/25/5/35.

The first key reference service, which was chosen by 79 of the respondents, was 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*, which has an RVW of 1.60 and times of 5/25/5/35.

When reported based on MDM , both codes require low level MDM. The survey 25th percentile RVW and times are a direct crosswalk to 99203. The expert panel also agreed that the median intraservice time of 25 minutes was appropriate because it was identical to the intraservice time for 99203.

For 9X076, the expert panel recommends an RVW of 1.60, preservice time of 5 minutes, intraservice time of 25 minutes, postservice time of 5 minutes, and a total time of 35 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99203-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 241,299 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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 99203-95

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:9X077 Tracking Number C3 Original Specialty Recommended RVU: **2.60**
Presented Recommended RVU: **2.60**
Global Period: XXX Current Work RVU: **2.60** RUC Recommended RVU: **2.20**

CPT Descriptor: Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-video visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment

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:

Description of Intra-Service Work: Prior to Visit: Review any medical records and data. Query the prescription monitoring program (PMP), health information exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history forms completed by the patient. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate visual examination. Synthesize the relevant history, visual examination, and data elements to formulate a differential diagnosis, diagnostic strategy, and treatment plan (requiring moderate level of MDM). Discuss the treatment options with patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange for diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Tuohy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS), American Geriatrics Society (AGS), American Thoracic Society (ATS), American College of Chest Physicians (CHEST)
CPT Code:	9X077
Sample Size: 40715	**Resp N:** 135
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	60.00	500.00
Survey RVW:	1.05	2.60	**2.60**	2.80	10.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	20.00	**30.00**	45.00	95.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X077	**Recommended Physician Work RVU: 2.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**6.00**	**0.00**	**6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.60	**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 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.60	**RUC Time**	10,014,918

CPT Descriptor 1 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.

Most Recent

MPC CPT Code 2	Global	Work RVU	Time Source	Medicare Utilization
99215	XXX	2.80	**RUC Time**	10,889,147

CPT Descriptor 2 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.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 105 **% of respondents:** 77.7 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 6.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X077	**Top Key Reference CPT Code:** 99204	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	8.00	10.00	5.00
Median Intra-Service Time	30.00	40.00	25.00
Median Immediate Post-service Time	6.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**44.00**	**60.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	65%	28%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	78%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	67%	23%
Physical effort required	40%	49%	11%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	1%	50%	50%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	67%	22%	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%	44%	56%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	33%	44%
Physical effort required	33%	44%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	56%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet

- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40-54 min day of encounter	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X077

Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making.
When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 135 respondents of whom 96% found the vignette to be typical. Both the median and 25th percentile RVW are 2.60 and the times are 8/30/6/44.

The first key reference service, which was chosen by 105 of the respondents, 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*, which has an RVW of 2.60 and times of 10/40/10/60.

When reported based on MDM both codes require moderate level MDM. The survey median intraservice and total times were less than 99204, however, the expert panel agreed that the survey 25th percentile RVW is appropriate and placed 9X077 in proper rank order with the other AV telemedicine E/M codes and with 99204.

For 9X077, the expert panel recommends an RVW of 2.60, preservice time of 8 minutes, intraservice time of 30 minutes, postservice time of 6 minutes, and total time of 44 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99204-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 330,400 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment

Specialty Frequency 0 Percentage 0.00 %

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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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 99204-95

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:9X078 Tracking Number C4 Original Specialty Recommended RVU: **3.50**
Presented Recommended RVU: **3.00**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **3.00**

CPT Descriptor: Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-video visit for a new patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they 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:

Description of Intra-Service Work: Prior to Visit: Review any medical records and data. Query the prescription monitoring program (PMP), health information exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history forms completed by the patient. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate visual examination. Synthesize the relevant history, visual examination, and data elements to formulate a differential diagnosis, diagnostic strategy, and treatment plan (requiring high level of MDM). Discuss the treatment options with patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange for diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Tuohy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS), American Geriatrics Society (AGS), American Thoracic Society (ATS), American College of Chest Physicians (CHEST)
CPT Code:	9X078
Sample Size: 40715	**Resp N:** 117
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	50.00	500.00
Survey RVW:	1.00	3.50	**3.50**	3.60	10.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	30.00	**40.00**	60.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 9X078	**Recommended Physician Work RVU: 3.00**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.50	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	1,941,339

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

99291	XXX	4.50	**RUC Time**	6,123,712

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 92 **% of respondents:** 78.6 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 6.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X078	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **99204**
Median Pre-Service Time	10.00	14.00	10.00
Median Intra-Service Time	40.00	59.00	40.00
Median Immediate Post-service Time	10.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**88.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	62%	25%	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	2%	72%	26%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	63%	25%
Physical effort required	37%	48%	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	2%	46%	52%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	63%	25%	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%	38%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	25%	50%
Physical effort required	50%	38%	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	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes

- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate	2.18	28	39	0.067

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	MDM, 45-59 min day of encounter				
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40-54 min day of encounter	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X078

Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making.
When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 117 respondents of whom 90% found the vignette to be typical. Both the median and 25h percentile RVW are 3.50 and the survey times are 10/40/10/60.

The first key reference service, which was chosen by 92 of the respondents, was 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*, with an RVW of 3.50 and times of 14/59/15/88.

When reported using MDM, both codes require high level MDM. The survey median intraservice and total times were lower for 9X078 than for 99205, however, the expert panel agreed that the survey 25th percentile RVW of 3.50 is appropriate and placed 9X078 in proper rank order with the other AV E/M telemedicine codes and 99205.

For 9X078, the expert panel recommends an RVW of 3.50, preservice time of 10 minutes, an intraservice time of 40 minutes, a postservice time of 10 minutes, and a total time of 60 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99205-95

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 How often?

Specialty How often?

Specialty How often?

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. Commerical utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 160,335 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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 99205-95

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:9X079 Tracking Number C5 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX Current Work RVU: **0.70** RUC Recommended RVU: **0.70**

CPT Descriptor: Synchronous audio-video 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-video visit for an established patient with a self-limited problem.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: Prior to Visit: If necessary, review interval correspondence, referral notes, and medical records generated since the last visit. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history form completed by the patient as well as the prior clinical note. Obtain a medically appropriate history. Update pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate visual examination. Synthesize the relevant history and visual examination to formulate a differential diagnosis and treatment plan (requiring straightforward MDM). Discuss the treatment plan with patient and family. Provide patient education and respond to questions from the patient and/or family. Document the encounter in the medical record. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family that may occur after the visit and respond to treatment failures. Coordinate follow up/orders with office staff.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X079
Sample Size: 40983	**Resp N:** 151
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveyimng societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	30.00	700.00
Survey RVW:	0.18	0.70	**0.70**	1.00	10.00
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X079	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**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 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

78306	XXX	0.86	**RUC Time**	224,828

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 100 **% of respondents:** 66.2 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X079	**Top Key Reference CPT Code:** 99212	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	4.00	2.00	5.00
Median Intra-Service Time	10.00	11.00	20.00
Median Immediate Post-service Time	3.00	3.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**16.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	1%	11%	76%	11%	1%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	80%	12%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	69%	18%
Physical effort required	51%	43%	6%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	60%	35%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	70%	22%	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	15%	67%	19%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	26%	37%	37%
Physical effort required	44%	41%	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	7%	48%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM,	2.49	30	47	0.060

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	40-54 min day of encounter				

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X079

Synchronous audio-video 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 total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 151 respondents of whom 92% found the vignette to be typical. Both the survey median and 25th percentile RVWs are 0.70 and the survey times are 4/10/3/17.

The first key reference service, which was chosen by 100 of the respondents, was 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,* with an RVW of 0.70 and times of 2/11/316.

When reported based on MDM, both codes require straightforward level MDM. The expert panel agreed that both the 25th percentile RVW and the survey times were direct crosswalks to 99212. Therefore, the expert panel agreed that the survey 25th percentile RVW is appropriate. The expert panel also agreed that the median intraservice time of 10 minutes is appropriate because it is only 1 minute less than the intraservice time for 99212.

For 9X079, the expert panel recommends an RVW of 0.70, preservice time of 4 minutes, intraservice time of 10 minutes, postservice time of 3 minutes, and a total time of 17 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99212-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization is unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 746,296 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:

Established

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 99212-95

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:9X080 Tracking Number C6 Original Specialty Recommended RVU: **1.30**
Presented Recommended RVU: **1.30**
Global Period: XXX Current Work RVU: **1.30** RUC Recommended RVU: **1.22**

CPT Descriptor: Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-video visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

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 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:

Description of Intra-Service Work: PRIOR TO VISIT: Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the PMP, HIE, and other registries, as required. Communicate with other members of the health care team regarding the visit.
DAY OF VISIT: Confirm patient's identity. Review the medical history form completed by the patient as well as the prior clinical note. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Perform a medically appropriate visual examination. Synthesize the relevant history, visual examination, and data elements to update differential diagnosis, diagnostic strategy, and treatment plan (requiring low level of MDM). Discuss treatment options with the patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe medications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
AFTER VISIT: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), Society for Vascular Surgery (SVS), American Thoracic Society (ATS), and American College of Chest Physicians (CHEST)
CPT Code:	9X080
Sample Size: 43913	**Resp N:** 189
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveyimng societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	50.00	1000.00
Survey RVW:	0.18	1.30	**1.30**	1.45	14.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**15.00**	20.00	300.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X080	**Recommended Physician Work RVU: 1.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	161,385

CPT Descriptor 1 Electroencephalogram (EEG); including recording awake and asleep

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70491	XXX	1.38	**RUC Time**	263,568

CPT Descriptor 2 Computed tomography, soft tissue neck; with contrast material(s)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 140 **% of respondents:** 74.0 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 6.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X080	**Top Key Reference CPT Code:** 99213	**2nd Key Reference CPT Code:** **99212**
Median Pre-Service Time	5.00	5.00	2.00
Median Intra-Service Time	15.00	20.00	11.00
Median Immediate Post-service Time	5.00	5.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**30.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	77%	15%	1%

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	6%	81%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	64%	22%
Physical effort required	49%	44%	6%

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%	61%	35%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	15%	62%	23%	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	8%	62%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	15%	46%	38%
Physical effort required	38%	46%	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	0%	62%	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

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM,	2.49	30	47	0.060

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	40-54 min day of encounter				

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X080

Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making.
When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 189 respondents of whom 97% found the vignette to be typical. Both the survey median and 25th percentile RVWs are 1.30 and the survey times are 5/15/5/25.

The first key reference service, which was chosen by 140 of the respondents, was 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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter*, with an RVW of 1.30 and times of 5/20/2/35.

When reported using MDM, both codes require low level MDM. The median intraservice time for 9X080 is 5 minutes less than 99213, however, the expert panel agreed that the survey 25th percentile RVW placed 9X080 in proper rank order with the other AV telemedicine codes and 99213.

For 9X080, the expert panel recommends an RVW of 1.30, preservice time of 5 minutes, intraservice time of 15 minutes, postservice time of 5 minutes, and total time of 25 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99213-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,569,884 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:

Established

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 99213-95

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:9X081 Tracking Number C7 Original Specialty Recommended RVU: **1.92**
Presented Recommended RVU: **1.92**
Global Period: XXX Current Work RVU: **1.92** RUC Recommended RVU: **1.74**

CPT Descriptor: Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-video visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they 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:

Description of Intra-Service Work: PRIOR TO VISIT: Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the PMP, HIE, and other registries, as required. Communicate with other members of the health care team regarding the visit.
DAY OF VISIT: Confirm patient's identity. Review the medical history form completed by the patient as well as the prior clinical note. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Perform a medically appropriate visual examination. Synthesize the relevant history, visual examination, and data elements to update differential diagnosis, diagnostic strategy, and treatment plan (requiring moderate level of MDM). Discuss treatment options with the patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe medications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
AFTER VISIT: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X081
Sample Size: 43913	**Resp N:** 207
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveyimng societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**25.00**	75.00	2300.00
Survey RVW:	0.25	1.92	**1.92**	2.00	18.00
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	15.00	**21.00**	30.00	75.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X081	**Recommended Physician Work RVU: 1.74**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**21.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**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 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	1,996,910

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72158	XXX	2.29	**RUC Time**	216,368

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 159 **% of respondents:** 76.8 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 6.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X081	**Top Key Reference CPT Code:** 99214	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	6.00	7.00	5.00
Median Intra-Service Time	21.00	30.00	20.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**32.00**	**47.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	65%	23%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	76%	21%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	58%	27%
Physical effort required	47%	43%	11%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	50%	47%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	86%	7%	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	7%	71%	21%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	36%	43%	21%
Physical effort required	43%	43%	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	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM,	2.49	30	47	0.060

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	40-54 min day of encounter				

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X081

Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making.
When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 207 respondents of whom 98% found the vignette to be typical. Both the survey median and 25th percentile RVWs are 1.92 and the survey times are 6/21/5/32.

The first key reference service, which was chosen by 159 of the respondents was 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*, with an RVW of 1.92 and times of 7/30/10/47.

When reported based on MDM, both codes require moderate level MDM. The survey median intraservice and total times for 9X081 were less than for 99214, however, the expert panel agreed that the survey 25th percentile RVW of 1.92 placed 9X081 in proper rank order with the other AV telemedicine codes and 99214.

For 9X081, the expert panel recommends an RVW of 1.92, preservice time of 6 minutes, intraservice time of 21 minutes, postservice time of 5 minutes, and a total time of 32 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99214-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,724,123 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 99214-95

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:9X082 Tracking Number C8 Original Specialty Recommended RVU: **2.80**
Presented Recommended RVU: **2.80**
Global Period: XXX Current Work RVU: **2.80** RUC Recommended RVU: **2.40**

CPT Descriptor: Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-video visit for an established patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: PRIOR TO VISIT: Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the PMP, HIE, and other registries, as required. Communicate with other members of the health care team regarding the visit.
DAY OF VISIT: Confirm patient's identity. Review the medical history form completed by the patient as well as the prior clinical note. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Perform a medically appropriate visual examination. Synthesize the relevant history, visual examination, and data elements to update differential diagnosis, diagnostic strategy, and treatment plan (requiring high level of MDM). Discuss treatment options with the patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe medications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
AFTER VISIT: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X082
Sample Size: 43913	**Resp N:** 171
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveyimng societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	40.00	800.00
Survey RVW:	0.01	2.80	**2.80**	2.90	25.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	20.00	**30.00**	40.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 9X082	**Recommended Physician Work RVU: 2.40**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99215	XXX	2.80	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.92	**RUC Time**	97,525,862

CPT Descriptor 1 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.

Most Recent

MPC CPT Code 2	Global	Work RVU	Time Source	Medicare Utilization
99291	XXX	4.50	**RUC Time**	6,123,712

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 132 **% of respondents:** 77.1 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 8.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X082	**Top Key Reference CPT Code:** 99215	**2nd Key Reference CPT Code:** **99214**
Median Pre-Service Time	10.00	10.00	7.00
Median Intra-Service Time	30.00	45.00	30.00
Median Immediate Post-service Time	10.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**50.00**	**70.00**	**47.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	5%	65%	21%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	70%	28%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	60%	30%
Physical effort required	44%	43%	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	2%	45%	54%

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	7%	47%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	27%	33%	40%
Physical effort required	40%	53%	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	7%	33%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt,	0.93	15	25	0.037

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	straightforward MDM, 15-29 min day of encounter				
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40-54 min day of encounter	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X082

Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 171 respondents of whom 88% found the vignette to be typical. Both the survey median and 25th percentile RVWs are 2.80 and the survey times are 10/30/10/50.

The first key reference service, which was chosen by 132 of the respondents, was 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,* with an RVW of 2.80 and times of 10/45/15/70.

When MDM is used to report these codes, both require high level MDM. The survey median intraservice and total times for 9X082 are lower than those for 99215, however, the expert panel agreed that survey 25th percentile RVW of 2.80 placed 9X082 in proper rank order with the other AV telehealth codes and with 99215.

For 9X082, the expert panel recommends an RVW of 2.90, preservice time of 10 minutes, intraservice time of 30 minutes, postservice time of 10 minutes, and total time of 50 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99215-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization is unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,027,175 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 99215-95

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:9X083 Tracking Number C9 Original Specialty Recommended RVU: **0.93**
Presented Recommended RVU: **0.93**
Global Period: XXX Current Work RVU: **0.93** RUC Recommended RVU: **0.93**

CPT Descriptor: Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchonous audio-only visit for a new patient with a self-limited problem

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they 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:

Description of Intra-Service Work: Prior to Visit: Review any medical records and data. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history forms completed by the patient. Obtain a medically appropriate history, including pertinent components of history of present illness (HPI), review of systems, social history, family history, and allergies, and reconcile the patient's medications. Assess the patient's condition with available information to formulate a differential diagnosis and treatment plan. (requiring straightforward medical decision making [MDM]). Discuss treatment plan with patient and family. Provide patient education and respond to questions from patient and/or family. Document the encounter in the medical record. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family that may occur after the visit and respond to treatment failures. Coordinate follow up/orders with office staff.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X083
Sample Size: 36303	**Resp N:** 65
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**3.00**	10.00	104.00
Survey RVW:	0.20	0.93	**0.93**	1.15	93.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**15.00**	20.00	45.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X083	**Recommended Physician Work RVU: 0.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**

Intra-Service Time:	15.00

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**4.00**	**0.00**	**4.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.60	**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 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.70	**RUC Time**	3,650,979

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	161,385

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 44 **% of respondents:** 67.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 7.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X083	**Top Key Reference CPT Code:** 99202	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	5.00	2.00	5.00
Median Intra-Service Time	15.00	15.00	25.00
Median Immediate Post-service Time	4.00	3.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**24.00**	**20.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	82%	11%	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	2%	82%	16%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	70%	20%
Physical effort required	39%	55%	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	0%	61%	39%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	40%	60%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	20%	60%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	20%	80%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM,	2.49	30	47	0.060

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	40-54 min day of encounter				

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X083

Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 65 respondents of whom 86% found the vignette to be typical. Both the median and 25th percentile RVWs are 0.93 and the survey times are 5/15/4/24.

The first key reference service, which was chosen by 44 of the respondents, was 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*, which has an RVW of 0.93 and times of 2/15/3/20.

When reported using MDM both codes require a straightforward level of MDM. The expert workgroup agreed that the survey median and 25th percentile RVW (which were identical) is appropriate and supported by the 4 additional pre and post service minutes as compared to 99202.

For 9X083, the expert panel recommends an RVW of 0.93, 5 minutes of preservice time, 15 minutes of intraservice time, 4 minutes of postservice time, and a total time of 24 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99202-95, 99442

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 261,067 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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 99202-95

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:9X084 Tracking Number C10 Original Specialty Recommended RVU: **1.57**
Presented Recommended RVU: **1.57**
Global Period: XXX Current Work RVU: **1.60** RUC Recommended RVU: **1.57**

CPT Descriptor: Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchonous audio-only for a new patient with a stable chronic illness or acute uncomplicated illness or injury

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%

Description of Pre-Service Work:

Description of Intra-Service Work: Prior to Visit: Review any medical records and data. Query the prescription monitoring program (PMP), health information exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history forms completed by the patient. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Assess the patient’s condition with available information to formulate a differential diagnosis and treatment plan. (requiring low level of MDM). Discuss the treatment options with patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange for diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X084
Sample Size: 36303	**Resp N:** 70
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	23.00	104.00
Survey RVW:	0.70	1.57	**1.60**	1.65	10.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	15.00	**20.00**	30.00	55.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X084	**Recommended Physician Work RVU: 1.57**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**

Intra-Service Time:	20.00

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.60	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	1.30	**RUC Time**	75,820,315

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

74176	XXX	1.74	**RUC Time**	1,996,910

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 47 **% of respondents:** 67.1 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 7.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X084	**Top Key Reference CPT Code:** 99203	**2nd Key Reference CPT Code:** **99202**
Median Pre-Service Time	5.00	5.00	2.00
Median Intra-Service Time	20.00	25.00	15.00
Median Immediate Post-service Time	5.00	5.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**35.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	81%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	79%	19%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	70%	23%
Physical effort required	32%	60%	9%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	57%	43%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	60%	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%	80%	20%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	40%	40%
Physical effort required	60%	40%	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 IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM,	2.49	30	47	0.060

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	40-54 min day of encounter				

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X084

Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 70 respondents of whom 91% found the vignette to be typical. The survey median RVW is 1.60, the survey 25th percentile RVW is 1.57, and the survey times are 5/20/5/30.

The first key reference service, which was chosen by 47 of the respondents, was 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,* which has an RVW of 1.60 and times of 5/25/5/35.

When reported using MDM, both codes require low level MDM. The panel agreed that the 25th percentile RVW was appropriate because the survey median intraservice time was 5 minutes less than the intraservice time for 99203.

For 9X084, the expert panel recommends an RVW of 1.57, a preservice time of 5 minutes, an intraservice time of 20 minutes, a postservice time of 5 minutes, and total time of 30 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99203-95, 99443

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 75,449 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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 99203-95

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:9X085 Tracking Number C11 Original Specialty Recommended RVU: **2.18**
Presented Recommended RVU: **2.18**
Global Period: XXX Current Work RVU: **2.60** RUC Recommended RVU: **2.01**

CPT Descriptor: Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-only visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

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:

Description of Intra-Service Work: Prior to Visit: Review any medical records and data. Query the prescription monitoring program (PMP), health information exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history forms completed by the patient. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Assess the patient’s condition with available information to formulate a differential diagnosis and treatment plan. (requiring moderate level of MDM). Discuss the treatment options with patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange for diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X085
Sample Size: 36303	**Resp N:** 79
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	20.00	416.00
Survey RVW:	0.83	2.18	**2.60**	2.70	10.00
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	20.00	**28.00**	40.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X085	**Recommended Physician Work RVU: 2.01**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**

Intra-Service Time:	28.00

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.60	**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 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.92	**RUC Time**	97,525,862

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

72158	XXX	2.29	**RUC Time**	216,368

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 50 **% of respondents:** 63.2 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 10.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X085	**Top Key Reference CPT Code:** 99204	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	6.00	10.00	5.00
Median Intra-Service Time	28.00	40.00	25.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**39.00**	**60.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	0%	100%

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%	72%	28%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	66%	26%
Physical effort required	34%	60%	6%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	44%	56%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	0%	100%

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%	75%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	38%	38%
Physical effort required	88%	0%	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	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM,	2.49	30	47	0.060

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	40-54 min day of encounter				

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X085

Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 79 respondents of whom 94% found the vignette to be typical. The survey median RVW is 2.60 and the 25th percentile RVW is 2.18 and the survey times are 6/28/5/39.

The first key reference service, which was chosen by 50 of the of the respondents, 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,* which has an RVW of 2.60 and times of 10/40/10/60.

When reported based on MDM, both codes require moderate level MDM. The median intraservice time was 28 minutes which is 12 minutes less than that for 99204. The expert panel agreed that this time difference supported the 25th percentile RVW of 2.18

For 9X085, the expert panel recommends an RVW of 2.18, preservice time of 6 minutes, intraservice time of 28 minutes, postservice time of 5 minutes, and a total time of 39 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99204-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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 99204-95

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:9X086 Tracking Number C12 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: XXX Current Work RVU: **3.50** RUC Recommended RVU: **2.60**

CPT Descriptor: Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-only visit for a new patient with a chronic illness with severe exacerbation tha poses an acute threat to life or bodily function, or an accute illness/injury that poses a threat to life or bodily function.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: Prior to Visit: Review any medical records and data. Query the prescription monitoring program (PMP), health information exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.
Day of Visit: Confirm patient's identity. Review the medical history forms completed by the patient. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Assess the patient’s condition with available information to formulate a differential diagnosis and treatment plan. (requiring high level of MDM). Discuss the treatment options with patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange for diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.
After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X086
Sample Size: 36303	**Resp N:** 69
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.00**	10.00	416.00
Survey RVW:	1.12	3.00	**3.50**	3.50	10.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	25.00	**38.00**	60.00	86.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X086	**Recommended Physician Work RVU: 2.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**

Intra-Service Time:	38.00

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.50	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.60	**RUC Time**	11,933,824

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

99291	XXX	4.50	**RUC Time**	6,123,712

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 66.6 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 8.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X086	**Top Key Reference CPT Code:** 99205	**2nd Key Reference CPT Code:** **99204**
Median Pre-Service Time	10.00	14.00	10.00
Median Intra-Service Time	38.00	59.00	40.00
Median Immediate Post-service Time	7.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**88.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	0%	100%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	72%	24%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	70%	24%
Physical effort required	30%	63%	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	2%	48%	50%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	0%	100%

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%	83%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	50%	17%
Physical effort required	67%	17%	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	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.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM,	2.49	30	47	0.060

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	40-54 min day of encounter				

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

AV Telemedicine E/M Codes

As a general matter, the expert panel observed that the survey respondents appear to agree with the expert panel that the work associated with each code is similar to the work of the in-person OV code with the same level of MDM.

9X086

Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 69 respondents of whom 91% found the vignette to be typical. The survey median RVW is 3.50 and the 25th percentile is 3.00 and the survey times are 10/38/7/55.

The first key reference service, which was chosen by 46 of the respondents, was 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,* with an RVW of 3.50 and times of 14/59/15/88.

When reported based on time, both codes require high level MDM. The expert panel agreed that the median RVW was too high because the median intraservice time of 38 minutes is 21 minutes less than that for 99205. The expert panel agreed that the time supports the 25th percentile RVW of 3.00.

For 9X086, the expert panel recommends an RVW of 3.00, preservice time of 10 minutes, intraservice time of 38 minutes, postservice time of 7 minutes, and total time of 55 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99205-95

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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 99205-95

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:9X087 Tracking Number C13 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX Current Work RVU: **0.70** RUC Recommended RVU: **0.70**

CPT Descriptor: Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-only visit for an established patient with a self-limited problem.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: Prior to Visit: If necessary, review interval correspondence, referral notes, and medical records generated since the last visit. Communicate with other members of the health care team regarding the visit.

Day of Visit: Confirm patient's identity. Review the medical history form completed by the patient as well as the prior clinical note. Obtain a medically appropriate history. Update pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Assess the patient's condition with available information to formulate a differential diagnosis and treatment plan (requiring straightforward MDM). Discuss the treatment plan with patient and family. Provide patient education and respond to questions from the patient and/or family. Document the encounter in the medical record. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

After Visit: Answer follow-up questions from patient and/or family that may occur after the visit and respond to treatment failures. Coordinate follow up/orders with office staff.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X087
Sample Size: 40983	**Resp N:** 141
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	20.00	600.00
Survey RVW:	0.18	0.70	**0.70**	1.00	30.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**11.00**	15.00	60.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X087	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**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 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

78306	XXX	0.86	**RUC Time**	224,828

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 90 **% of respondents:** 63.8 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 12.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X087	**Top Key Reference CPT Code:** 99212	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	5.00	2.00	5.00
Median Intra-Service Time	11.00	11.00	20.00
Median Immediate Post-service Time	3.00	3.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**19.00**	**16.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	1%	99%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	73%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	19%	63%	18%
Physical effort required	50%	43%	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	8%	57%	36%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	0%	100%

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%	72%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	28%	44%	28%
Physical effort required	44%	50%	6%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	56%	39%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our expert's opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40-54 min day of encounter	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

9X087

Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 141 respondents, 95% of whom found the vignette to be typical. Both the median and 25th percentile RVW are 0.70 and the survey times are 5/11/3/19.

The key reference service, which was chosen by 90 of the respondents, was 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,* with an RVW of 0.70 and times of 2/11/3/16.

When reported based on MDM both codes require straightforward MDM. The expert panel noted that the survey 25th and median RVWs are identical to each other and to that of 99212. In addition, the survey median intraservice time is identical to the intraservice time for 99212. The expert panel agreed that the survey supports the 25th percentile RVW.

For 9X087, the expert panel recommends an RVW of 0.70, preservice time of 5 minutes, intraservice time of 11 minutes, postservice time of 3 minutes, and total time of 19 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99212-95, 99442

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	How often?
Specialty	How often?
Specialty	How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,361,762 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachmen.

Specialty Frequency 0 Percentage 0.00 %

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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 99212-95

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:9X088 Tracking Number C14 Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: XXX Current Work RVU: **1.30** RUC Recommended RVU: **1.20**

CPT Descriptor: Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-only visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

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:

Description of Intra-Service Work: Prior to Visit: Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the PMP, HIE, and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit: Confirm patient's identity. Review the medical history form completed by the patient as well as the prior clinical note. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Assess the patient's condition with available information to formulate a differential diagnosis and treatment plan (requiring low level of MDM). Discuss treatment options with the patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe medications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X088
Sample Size: 40983	**Resp N:** 158
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**10.00**	25.00	4000.00
Survey RVW:	0.18	1.20	**1.30**	1.35	30.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	12.00	**16.00**	20.00	80.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X088	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**16.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	161,385

CPT Descriptor 1 Electroencephalogram (EEG); including recording awake and asleep

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73721	XXX	1.35	**RUC Time**	597,704

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 104 **% of respondents:** 65.8 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 12.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X088	**Top Key Reference CPT Code:** 99213	**2nd Key Reference CPT Code:** **99212**
Median Pre-Service Time	5.00	5.00	2.00
Median Intra-Service Time	16.00	20.00	11.00
Median Immediate Post-service Time	5.00	5.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**26.00**	**30.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	0%	100%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	75%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	15%	62%	23%
Physical effort required	43%	45%	12%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	60%	38%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	5%	95%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	70%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	15%	50%	35%
Physical effort required	50%	35%	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	5%	40%	55%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our expert's opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40-54 min day of encounter	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

9X088

Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 158 respondents, 96% of whom found the vignette to be typical. The survey median RVW is 1.30 and the 25th percentile RVW is 1.20 and the survey times are 5/16/5/26.

The first key reference service, which was chosen by 104 of the respondents, was 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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter,* with an RVW of 1.30 and times of 5/20/2/35.

The expert panel reviewed the data and agreed that 9X088 should have a lower RVW than 99213 because of the lower times. The expert panel reviewed the 25th percentile RVW of 1.20 and agreed that the survey times support that value, and it places the code in proper rank order to the other AV and A-only codes.

For 9X088, the expert panel recommends an RVW of 1.20, preservice time of 5 minutes, intraservice time of 16 minutes, postservice time of 5 minutes, and total time of 26 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99213-95, 99442

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty	How often?
Specialty	How often?
Specialty	How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,359,399 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 99213-95

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:9X089 Tracking Number C15 Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: XXX Current Work RVU: **1.92** RUC Recommended RVU: **1.80**

CPT Descriptor: Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-only visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

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:

Description of Intra-Service Work: Prior to Visit: Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the PMP, HIE, and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit: Confirm patient's identity. Review the medical history form completed by the patient as well as the prior clinical note. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Assess the patient's condition with available information to formuate a differential diagnosis and treatment plan (requiring moderate level of MDM). Discuss treatment options with the patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescrib emedications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS
CPT Code:	9X089
Sample Size: 39501	**Resp N:** 144
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**10.00**	25.00	832.00
Survey RVW:	0.28	1.80	**1.92**	2.00	12.00
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**23.00**	30.00	100.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 9X089	**Recommended Physician Work RVU: 1.80**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**23.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**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 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.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	1,996,910

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99460	XXX	1.92	**RUC Time**	10

CPT Descriptor 2 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 97 **% of respondents:** 67.3 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 11.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X089	**Top Key Reference CPT Code:** 99214	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	6.00	7.00	5.00
Median Intra-Service Time	23.00	30.00	20.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**34.00**	**47.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	0%	100%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	70%	26%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	70%	23%
Physical effort required	30%	60%	11%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	49%	49%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	0%	100%

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	6%	71%	24%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	41%	29%	29%
Physical effort required	65%	18%	18%

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%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our expert's opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40-54 min day of encounter	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

9X089

Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 144 respondents, of whom 94% found the vignette to be typical. The survey median survey RVW is 1.92 and the 25th percentile RVW is 1.80 and the survey times are 6/23/5/34.

The first key reference service, which was chosen by 97 of the respondents, was 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,* with an RVW of 1.92 and times of 7/30/10/47.

The expert panel reviewed the data and agreed that the RVU for 9X089 should be lower than that of 99214 because the times are lower. The expert panel agreed that the times support the 25th percentile RVW of 1.80 which places it in proper rank order to the other AV and A-only codes.

For 9X089, the expert panel recommends an RVW of 1.80, preservice time of 6 minutes, intraservice time of 23 minutes, postservice time of 5 minutes, and total time of 34 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99214-95, 99443

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	How often?
Specialty	How often?
Specialty	How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,054,258 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 99214-95

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:9X090 Tracking Number C16 Original Specialty Recommended RVU: **2.49**
Presented Recommended RVU: **2.49**
Global Period: XXX Current Work RVU: **2.80** RUC Recommended RVU: **2.40**

CPT Descriptor: Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417) (Do not report 9X087, 9X088, 9X089, 9X090 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s]) (Do not report 9X087, 9X088, 9X089, 9X090 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not report 9X087, 9X088, 9X089, 9X090 during the same month with 99487, 99489) (Do not report 9X087, 9X088, 9X089, 9X090 when performed during the service time of 99495, 99496)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Synchronous audio-only visit for an established patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

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%

Description of Pre-Service Work:

Description of Intra-Service Work: Prior to Visit: Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the PMP, HIE, and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit: Confirm patient's identity. Review the medical history form completed by the patient as well as the prior clinical note. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Assess the patient's condition with available information to formulate a differential diagnosis and treatment plan (requiring high level of MDM). Discuss treatment options with the patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe medications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

After Visit: Answer follow-up questions from patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur after the visit. Review and analyze interval testing results. Communicate results and plan modifications with patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

CPT Code: 9X090

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X090
Sample Size: 39501	**Resp N:** 120
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveying societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	10.00	416.00
Survey RVW:	0.01	2.49	**2.80**	2.90	15.00
Pre-Service Evaluation Time:			**9.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	20.00	**30.00**	40.00	76.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X090	**Recommended Physician Work RVU: 2.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**9.00**	**0.00**	**9.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99215	XXX	2.80	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.92	**RUC Time**	97,525,862

CPT Descriptor 1 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.

Most Recent

MPC CPT Code 2	Global	Work RVU	Time Source	Medicare Utilization
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.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 82 **% of respondents:** 68.3 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 10.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X090	**Top Key Reference CPT Code:** 99215	**2nd Key Reference CPT Code:** **99214**
Median Pre-Service Time	9.00	10.00	7.00
Median Intra-Service Time	30.00	45.00	30.00
Median Immediate Post-service Time	8.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**47.00**	**70.00**	**47.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	0%	100%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	1%	71%	28%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	63%	30%
Physical effort required	35%	48%	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	0%	41%	59%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	0%	100%

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%	75%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	42%	33%
Physical effort required	75%	17%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	42%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our expert's opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM, 40-54 min day of encounter	2.49	30	47	0.060

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

9X090

Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, XX minutes must be met or exceeded.

There were 120 respondents of whom 85% found the vignette to be typical. The survey median RVW is 2.80 and the 25th percentile RVW is 2.49 and the survey times are 9/30/8/47.

The first key reference service, which was chosen by 82 of the respondents, was 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,* with an RVW of 2.80 and times of 10/45/15/70.

The expert panel reviewed the data and agreed that the RVW for 9X090 should be lower than that of 99215 because of the lower survey times. The expert panel also agreed that the 25th percentile RVW of 2.49 is supported by the survey times and places 9X090 in proper rank order to 99215 and 9X082.

For 9X090, the expert panel recommends an RVW of 2.49, preservice time of 9 minutes, intraservice time of 30 minutes, postservice time of 8 minutes, and total time of 47 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99215-95

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	How often?
Specialty	How often?
Specialty	How often?

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. Commercial utilization unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 99215-95

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:9X091 Tracking Number C17 Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.29**
Global Period: XXX Current Work RVU: **.25** RUC Recommended RVU: **0.29**

CPT Descriptor: Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion. (Do not report 9X091 in conjunction with 9X075-9X090). (Do not report services of less than 5 minutes of medical discussion)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An established patient contacts the office to request an evaluation regarding the necessity of being seen for symptoms of concern to the patient.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they 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:

Description of Intra-Service Work: Physician or Qualified Health Professional (QHP) responds to a patient initiated contact after reviewing patient medical records, reason for the patient contact, gathers relevant information during the check-in, makes a medical decision, and communicates that decision to the patient during the check-in via the technology being used. Physician or QHP documents the communication and follows up with the patient as needed.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Amy Ahasic, MD, MPH, FCCP; Suzanne Berman, MD, FAAP; Lisa B. Price, MD; Edward R. Touhy, MD; Korinne Van Keuren, DNP, APRN, RNFA; Richard F. Wright, MD, FACC
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), American Academy of Pediatrics (AAP), American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Association for Thoracic Surgery (AATS), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Nurses Association (ANA), American Society of Anesthesiologists (ASA), American Society of Colon and Rectal Surgeons (ASCRS - Colon), American Society for Gastrointestinal Endoscopy (ASGE), American Society of Regional Anesthesia and Pain Medicine (ASRA), American Society for Surgery of the Hand (ASSH), American Urological Association (AUA), Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)
CPT Code:	9X091
Sample Size: 39501	**Resp N:** 112
Description of Sample:	The survey sample was created from random samples of U.S.-based, active members of the surveyimng societies.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**10.00**	50.00	2400.00
Survey RVW:	0.10	0.29	**0.70**	1.13	4.00
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**10.00**	10.00	100.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 9X091	**Recommended Physician Work RVU: 0.29**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99211	XXX	0.18	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93010	XXX	0.17	**RUC Time**	16,114,629

CPT Descriptor 1 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97530	XXX	0.44	**RUC Time**	23,945,325

CPT Descriptor 2 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 30.3 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 26.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 9X091	**Top Key Reference CPT Code:** 99212	**2nd Key Reference CPT Code:** **99211**
Median Pre-Service Time	3.00	2.00	0.00
Median Intra-Service Time	10.00	11.00	5.00
Median Immediate Post-service Time	2.00	3.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**16.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	0%	100%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	85%	6%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	24%	68%	9%
Physical effort required	44%	56%	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	9%	74%	18%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	7%	93%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	83%	10%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	63%	23%
Physical effort required	30%	63%	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	7%	60%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT created 16 new codes for telemedicine E/M services and one code for a brief virtual check-in communication technology-based service at the February 2023 meeting.

The 16 telemedicine E/M codes are comprised of eight codes for synchronous audio-video (AV) services and eight codes for synchronous audio-only (A-only) services. Each of these codes sets contains four codes for new patients and four codes for established patients. These codes may be reported based on the level of medical decision making (MDM) or total time on the day of the encounter, similar to reporting for the office visit (OV) codes. In other words, for each set of four codes, there is a code that may be reported for straightforward, low-level, moderate-level, and high-level MDM. These codes are patterned after the office visit codes, but there is no code that mirrors 99211 because all the telemedicine codes require the physician or QHP to be meeting with the patient.

In addition, CPT established a code for a brief virtual check-in encounter that is intended to evaluate whether a more extensive visit is required. The code descriptor is identical to that of existing HCPCS code G2012 and is intended to replace that code. The code does not require video technology and is expected to be patient initiated. It must involve 5-10 minutes of medical discussion – not longer. It may not be reported if it originates from a related E/M service furnished within the previous 7 days or if it leads to another E/M or procedure within the next 24 hours or soonest available appointment. However, if the virtual check-in leads to an E/M in the next 24 hours, and if that E/M is reported based on time, then time from the virtual check-in may be added to the time of the resulting E/M to determine the total time on the date of encounter for the resulting E/M.

Both work and practice expense (PE) were surveyed, and the surveying specialties met with the RUC Research Subcommittee who approved the final survey instrument.

A list of the specialty societies who surveyed these codes can be found in the AMA materials (see attached). We note that the American College of Physicians (ACP) and the American Academy of Family Practitioners (AAFP) chose not to survey these codes.

Both work and PE were surveyed in a single survey instrument. All of the surveying societies used a random sample of their members. The societies established an expert panel to review the survey results for both the work and PE components of the survey.

Overarching Comments

The expert panel met via conference call several times to discuss the telemedicine E/M services generally, and the survey data in detail. As a general matter, the expert panel agreed that, based on their experience, and the experience of their colleagues, that typically AV telemedicine services are similar to in-person OVs with respect to selection of the level of code based on MDM. There was also consensus that it is possible to perform an appropriate physical examination and that some institutions are now training practitioners on how to do that using AV technology. In addition, there may be advantages to AV visits in that the physician or QHP is observing the patient, and caregivers, at home. The following were noted specifically:

- Generally: seeing a patient at home provides a lot of clinically actionable information that cannot be obtained in the office;
- Observation of the home generally: clutter, cleanliness, layout, identification of issues related to activities of daily living
- Diet: observe the refrigerator and pantry; determine compliance with diet
- Medications: review of pillboxes
- Alcohol and smoking: can observe presence of ashtrays, bottles
- Patient movement: observe patient's ability to move around at home; potential hazards; falling risk
- Caregivers: more likely to be present and able to provide not only history but useful and actionable information about the patient (e.g., difficulties with activities of daily living)
- History: not only is it possible to obtain a history as would be done in the office, but additional information, not obtainable in the office, is available
- In our experts opinion, patients have embraced these AV visits and accept them as an OV, (expecting the undivided attention of the physician or QHP), coming prepared with questions, medications, and, when needed, vital signs.

It is important to note that the AV and A-only telemedicine E/M codes describe services that are prescheduled, structured like OVs, and are intended to substitute for OVs. A-only telemedicine services typically occur in one of two scenarios: the patient refuses to do an AV visit or AV is not possible because the video fails, or the patient does not have access to video.

The expert panel then turned to the survey data and noted that the survey median and 25th percentile RVWs for all 8 AV codes were identical to the current RVW for the OV with the same level of MDM. The expert panel also noted that the majority of respondents indicated that the intensity/complexity measures for the survey code were identical to the RSL code, thereby supporting the RVW as being identical to the comparable OV code.

For all of the A-only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM, but the 25th percentile RVW was less. The majority of the surveyees stated that the A-only codes were more intense and complex than the key reference service which was typically the comparable OV visit code.

The consensus of the expert panel was that the work of an AV service should be the same as the work of an OV with the same level of MDM. However, the panel also agreed that the work of an A-only code is less than the OV or AV code with the same level of MDM.

Therefore, the consensus of the expert panel was to recommend the survey 25th percentile RVWs for all 16 AV and A-only codes and those recommendations would place these codes in the correct rank order with the in-person OV codes. See code level analysis.

However, the expert panel also understood that these codes may be reported based on total time on the day of encounter instead of MDM. In reviewing the time data for all the codes, the expert panel identified several important issues, as discussed below.

The expert panel noted that most of the respondents chose the OV with the same level of MDM as the survey code and the same patient status (ie, new or established). However, the reference service list (RSL) did not include the time range in the OV code descriptors (e.g., for 99214, the verbiage "When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter" was omitted). The RSL just included the MDM portion of the service (e.g., for 99214, the only verbiage included was: "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.").

In reviewing the survey median intraservice times for the codes, several of the higher level AV and A-only codes had median intraservice times that were significantly shorter than the intraservice times for the key reference service (e.g., for the AV and A-only codes for established patients requiring moderate level MDM, the median intraservice times were 21 and 23 minutes respectively, while the intraservice time for the comparable in-person office visit code 99214 is 30 minutes).

The expert panel was very concerned that if the survey median intraservice time is included in the CPT code descriptor then it would be possible to report an AV or A-only code based on a shorter time than the comparable OV code that has the same RVW.

The consensus of the expert panel was that the times for in-person OVs, telemedicine AV services, and telemedicine A-only services should be the same to avoid creating incentives to perform AV or A-only visits and to avoid the confusion of having to remember three different times for proper reporting of codes that are substitutes for each other.

Therefore, the consensus of the expert panel is to recommend that the RUC recommend to CPT that the descriptor times for the AV and A-only codes be identical to those for the comparable in-person OV code. The expert panel understands that this means the RUC time could be different from the CPT time but that should not be problematic because we would not want a lower time to select the AV or A-only code as that would likely cause rank order issues. Having different times for choosing a code adds to administrative burden.

In summary, the expert panel agreed that the typical AV telemedicine service is similar to the comparable in-person OV with respect to obtaining an appropriate history and physical examination and level of MDM.

RECOMMENDATIONS AUDIO-VIDEO E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X075	Audio-Video, NEW pt, straightforward MDM, 15-29 min day of encounter	0.93	15	25	0.037
9X076	Audio-Video, NEW pt, Low MDM, 30-44 min day of encounter	1.60	25	35	0.046

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X077	Audio-Video, NEW pt, Moderate MDM, 45-59 min day of encounter	2.60	30	44	0.059
9X078	Audio-Video, NEW pt, High MDM, 60-74 min day of encounter	3.50	40	60	0.058
9X079	Audio-Video, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	10	17	0.041
9X080	Audio-Video, EST pt, Low MDM, 20-29 min day of encounter	1.30	15	25	0.052
9X081	Audio-Video, EST pt, Moderate MDM, 30-39 min day of encounter	1.92	21	32	0.060
9X082	Audio-Video, EST pt, High MDM, 40-54 min day of encounter	2.80	30	50	0.056

RECOMMENDATIONS AUDIO-ONLY E/M FROM 2023 SURVEY

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
9X083	Audio-Only, NEW pt, Straightforward MDM, 15-29 min day of encounter	0.93	15	24	0.039
9X084	Audio-Only, NEW pt, Low MDM, 30-44 min day of encounter	1.57	20	30	0.054
9X085	Audio-Only, NEW pt, Moderate MDM, 45-59 min day of encounter	2.18	28	39	0.067
9X086	Audio-Only, NEW pt, High MDM, 60-74 min day of encounter	3.00	38	55	0.064
9X087	Audio-Only, EST pt, Straightforward MDM, 10-19 min day of encounter	0.70	11	19	0.037
9X088	Audio-Only, EST pt, Low MDM, 20-29 min day of encounter	1.20	16	26	0.050
9X089	Audio-Only, EST pt, Moderate MDM, 30-39 min day of visit	1.80	23	34	0.056
9X090	Audio-Only, EST pt, High MDM,	2.49	30	47	0.060

CPT Code	TIME consistent with OV Descriptor	Survey 25th Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
	40-54 min day of encounter				

RECOMMENDATION BRIEF CHECK-IN FROM 2023 SURVEY

CPT Code	Descriptor	CURRENT Work RVU	Survey Median Intra Time (min)	Survey Median Total Time (min)	Work Per Unit Time
99X91	EST Pt, tech-based, 5-10 min (virtual check-in)	0.25	10	13	0.019

Code Level Review

9X091

Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion

There were 112 respondents of whom 86% found the vignette to be typical. The median survey RVW is 0.70 and the 25th percentile RVW is 0.29 and the survey times are 3/10/2/15.

The first key reference service, which was chosen by 34 of the respondents, was 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*, with an RVW of 0.70 and times of 2/11/316.

The second key reference service, which was chosen by 30 of the respondents, was 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,* with an RVW of 0.18 and times of 0/5/2/7.

This service is currently described by HCPCS code G2012 which has the same descriptor as 9X091. The current RVW is 0.25 and the times are 3/10/2/15. The RVW and times were established by CMS in 2018 by crosswalking from 99441.

The expert panel reviewed the data and, although the times were similar to those for 99212, the panel agreed that comparison to 99212 was inappropriate because 9X091 does not require any MDM and is meant to be used as a triage service to determine whether a patient requires an E/M service. Furthermore, the check-in typically will originate from the patient, and if any MDM is required, or the check-in takes longer than 10 minutes, a different code will be reported. So, the RVW for 9X091 must be less than the RVW for 99212. The expert panel reviewed other codes, including the second key reference service 99211 and concluded that the 99211 RVW of 0.18 was too low because it is based on 5 minutes of physician time and the check-in can last for up to 10 minutes. The expert panel also agreed that there was no compelling evidence to recommend an increase from the CMS assigned RVW of 0.25. The expert panel did a RUC database search for XXX globals with 5-10 minutes of intraservice time that had been reviewed by the RUC since 2012. There were 176 codes with a wide range of RVWs. The expert panel agreed that the code most similar to 9X091 was 99211 but the value for 99211 was not appropriate based on time comparison. Therefore, the expert panel agreed to recommend retaining the current RVW of 0.25 and recommending the survey times.

For 9X091, the expert panel recommends an RVW of 0.25, preservice time of 3 minutes, intraservice time of 10 minutes, postservice time of 2 minutes, and total time of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99441, G2012

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 How often?

Specialty How often?

Specialty How often?

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. Commercial utilization is unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,359,751 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Submission in a separate attachment.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 G2012

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Telemedicine E-M Services

TAB: 6

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME/TOTAL TIME MIN	INTRA-TIME/TOTAL TIME 25th	INTRA-TIME/TOTAL TIME MED	INTRA-TIME/TOTAL TIME 75th	INTRA-TIME/TOTAL TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99202	XXX	OV, new pt, straightforward MDM	2019	59	0.055	0.047			0.93			20	2			15			3					
2nd REF	99203	XXX	OV, new pt, Low MDM	2019	10	0.055	0.046			1.60			35	5			25			5					
CURRENT	99202-95	XXX	OV, new pt, straightforward MDM	N/A		0.055	0.047			0.93			20	2			15			3					
SURVEY	9X075	XXX	Synchronous AUDIO-VIDEO visit for the of a NEW patient, which requires a medically appropriate history and/or		84	0.047	0.037	0.20	0.93	0.93	1.50	10.00	25	5	1	10	15	20	85	5	0	0	5	19	300
Medicine	9X075	XXX	Synchronous AUDIO-VIDEO visit for the of a NEW patient, which		40	0.047	0.037	0.60	0.93	0.93	1.13	2.40	25	5	1	14	15	21	85	5	0	1	9	20	300
Surgery	9X075	XXX	Synchronous AUDIO-VIDEO visit for the of a NEW patient, which		38	0.047	0.037	0.20	0.93	0.93	1.35	6.70	25	5	5	10	15	19	30	5	0	0	2	7	45
NPP	9X075	XXX	Synchronous AUDIO-VIDEO visit for the of a NEW patient, which		6	0.098	0.068	0.93	1.00	1.40	2.35	10.00	21	8	1	3	13	19	60	0	0	2	7	18	90
REC	9X075	XXX	Audio-Video, new pt, straightforward MDM, 15 minutes must be met		84	0.047	0.037			0.93			25	5			15			5					
1st REF	99203	XXX	OV, new pt, Low MDM	2019	79	0.055	0.046			1.60			35	5			25			5					
2nd REF	99202	XXX	OV, new pt, straightforward MDM	2019	5	0.055	0.047			0.93			20	2			15			3					
CURRENT	99203-95	XXX	OV, new pt, Low MDM	N/A		0.055	0.046			1.60			35	5			25			5					
SURVEY	9X076	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient, which requires a medically appropriate history and/or		98	0.056	0.046	0.70	1.60	1.60	1.70	10.00	35	5	1	18	25	30	85	5	0	3	11	35	300
Medicine	9X076	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		49	0.055	0.046	0.70	1.60	1.60	1.60	3.00	35	5	2	19	25	30	85	5	0	4	15	30	300
Surgery	9X076	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		42	0.066	0.052	0.83	1.60	1.60	1.70	3.60	31	5	6	20	21	30	45	5	0	3	10	36	250
NPP	9X076	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		7	0.072	0.059	1.60	1.60	1.60	1.85	10.00	27	7	1	9	20	45	60	0	0	10	15	60	175
REC	9X076	XXX	Audio-Video, new pt, Low MDM, 30 min met		98	0.055	0.046			1.60			35	5			25			5					
1st REF	99204	XXX	OV, new pt, Moderate MDM	2019	105	0.054	0.043			2.60			60	10			40			10					
2nd REF	99203	XXX	OV, new pt, Low MDM	2019	9	0.055	0.046			1.60			35	5			25			5					
CURRENT	99204-95	XXX	OV, new pt, Moderate MDM	N/A		0.054	0.043			2.60			60	10			40			10					
SURVEY	9X077	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient, which requires a medically appropriate history and/or		135	0.076	0.059	1.05	2.60	2.60	2.80	10.00	44	8	1	20	30	45	95	6	0	5	20	60	500
Medicine	9X077	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		78	0.077	0.060	1.05	2.60	2.60	2.80	3.90	43	7	3	20	30	45	95	6	0	5	21	79	500
Surgery	9X077	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		48	0.075	0.057	1.50	2.60	2.60	2.76	5.00	46	10	8	25	30	40	60	7	0	4	11	50	288
NPP	9X077	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		9	0.078	0.063	2.60	2.60	2.60	2.80	10.00	41	10	1	20	30	59	90	1	0	5	20	45	190
REC	9X077	XXX	Audio-Video, new pt, Moderate MDM, 45 min met		135	0.063	0.050			2.20			44	8			30			6					
XWALK	74183	XXX	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed			0.066	0.055			2.20			40	5			30			5					
1st REF	99205	XXX	OV, new pt, High MDM	2019	92	0.048	0.040			3.50			88	14			59			15					
2nd REF	99204	XXX	OV, new pt, Moderate MDM	2019	8	0.054	0.043			2.60			60	10			40			10					
CURRENT	99205-95	XXX	OV, new pt, High MDM	N/A		0.048	0.040			3.50			88	14			59			15					
SURVEY	9X078	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient, which requires a medically appropriate history and/or		117	0.076	0.058	1.00	3.50	3.50	3.60	10.00	60	10	1	30	40	60	120	10	0	3	10	50	500
Medicine	9X078	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		71	0.076	0.058	1.00	3.43	3.50	3.50	4.50	60	10	4	28	40	60	120	10	0	5	20	60	500
Surgery	9X078	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		41	0.074	0.058	2.45	3.50	3.50	3.60	6.00	60	10	20	30	42	55	75	8	0	1	5	24	100
NPP	9X078	XXX	Synchronous AUDIO-VIDEO visit for the E-M of a NEW patient,		5	0.086	0.077	2.60	3.50	3.60	4.00	10.00	47	7	1	1	40	60	74	0	0	0	10	25	40
REC	9X078	XXX	Audio-Video, new pt, High MDM, 60 min met		117	0.064	0.050			3.00			60	10			40			10					
XWALK	95719	XXX	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional			0.064	0.050			3.00			60	10			40			10					

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME/TOTAL TIME MIN	INTRA-TIME/TOTAL TIME 25th	INTRA-TIME/TOTAL TIME MED	INTRA-TIME/TOTAL TIME 75th	INTRA-TIME/TOTAL TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99212	XXX	OV, estab pt, straightforward MDM	2019	100	0.053	0.044			0.70			16	2			11			3					
2nd REF	99213	XXX	OV, estab pt, Low MDM	2019	27	0.054	0.043			1.30			30	5			20			5					
CURRENT	99212-95	XXX	OV, estab pt, straightforward MDM	N/A		0.053	0.044			0.70			16	2			11			3					
SURVEY	9X079	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an ESTABLISHED patient, which requires a medically		151	0.054	0.041	0.18	0.70	0.70	1.00	10.00	17	4	1	10	10	15	45	3	0	1	5	30	700
Medicine	9X079	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		73	0.052	0.039	0.18	0.70	0.70	1.26	2.00	18	4	3	10	10	17	45	4	0	1	10	35	700
Surgery	9X079	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		61	0.052	0.039	0.20	0.70	0.70	0.90	2.60	18	5	2	10	10	15	40	3	0	0	3	20	100
NPP	9X079	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		17	0.066	0.058	0.25	0.70	0.70	1.15	10.00	12	2	1	5	10	15	40	0	0	3	10	30	100
REC	9X079	XXX	Audio-Video, estab pt, Straightforward MDM, 10 min met		151	0.054	0.041			0.70			17	4			10			3					
1st REF	99213	XXX	OV, estab pt, Low MDM	2019	140	0.054	0.043			1.30			30	5			20			5					
2nd REF	99212	XXX	OV, estab pt, straightforward MDM	2019	13	0.053	0.044			0.70			16	2			11			3					
CURRENT	99213-95	XXX	OV, estab pt, Low MDM	N/A		0.054	0.043			1.30			30	5			20			5					
SURVEY	9X080	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an ESTABLISHED patient, which requires a medically		189	0.072	0.052	0.18	1.30	1.30	1.45	14.00	25	5	1	10	15	20	300	5	0	5	20	50	1000
Medicine	9X080	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		106	0.072	0.052	0.18	1.30	1.30	1.50	10.00	25	5	3	10	15	20	300	5	0	5	23	59	1000
Surgery	9X080	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		64	0.073	0.054	0.58	1.30	1.30	1.35	3.30	24	5	2	14	15	20	35	4	0	3	10	37	400
NPP	9X080	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		19	0.078	0.062	0.25	1.28	1.30	1.30	14.00	21	6	1	11	15	23	100	0	0	6	40	96	200
REC	9X080	XXX	Audio-Video, estab pt, Low MDM, 20 min met		189	0.066	0.049			1.22			25	5			15			5					
XWALK	72126	XXX	Computed tomography, cervical spine; with contrast material			0.066	0.049			1.22			25	5			15			5					
XWALK	72129	XXX	Computed tomography, thoracic spine; with contrast material			0.066	0.049			1.22			25	5			15			5					
XWALK	73702	XXX	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and			0.062	0.047			1.22			26	5			16			5					
1st REF	99214	XXX	OV, estab pt, Moderate MDM	2019	159	0.051	0.041			1.92			47	7			30			10					
2nd REF	99213	XXX	OV, estab pt, Low MDM	2019	14	0.054	0.043			1.30			30	5			20			5					
CURRENT	99214-95	XXX	OV, estab pt, Moderate MDM	N/A		0.051	0.041			1.92			47	7			30			10					
SURVEY	9X081	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an ESTABLISHED patient, which requires a medically		207	0.080	0.060	0.25	1.92	1.92	2.00	18.00	32	6	1	15	21	30	75	5	0	5	25	75	2300
Medicine	9X081	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		118	0.083	0.060	0.75	1.92	1.92	2.00	3.00	32	6	5	15	20	30	75	6	0	5	32	100	1500
Surgery	9X081	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		69	0.073	0.056	0.99	1.92	1.92	2.00	4.00	34	6	3	20	23	30	45	5	0	5	20	50	240
NPP	9X081	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		20	0.082	0.059	0.25	1.91	1.92	1.95	18.00	33	8	1	12	20	30	40	5	0	5	20	62	2300
REC	9X081	XXX	Audio-Video, estab pt, Moderate MDM, 30 min met		207	0.071	0.054			1.74			32	6			21			5					
XWALK	74176	XXX	Computed tomography, abdomen and pelvis; without contrast material			0.069	0.054			1.74			32	5			22			5					
1st REF	99215	XXX	OV, estab pt, High MDM	2019	132	0.050	0.040			2.80			70	10			45			15					
2nd REF	99214	XXX	OV, estab pt, Moderate MDM	2019	15	0.051	0.041			1.92			47	7			30			10					
CURRENT	99215-95	XXX	OV, estab pt, High MDM	N/A		0.050	0.040			2.80			70	10			45			15					
SURVEY	9X082	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an ESTABLISHED patient, which requires a medically		171	0.078	0.056	0.01	2.80	2.80	2.90	25.00	50	10	1	20	30	40	90	10	0	1	10	40	800
Medicine	9X082	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		103	0.078	0.056	1.45	2.79	2.80	2.99	4.20	50	10	5	20	30	40	90	10	0	4	18	50	800
Surgery	9X082	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		56	0.081	0.061	1.75	2.80	2.80	2.90	5.00	46	9	5	25	30	40	60	7	0	0	5	25	100
NPP	9X082	XXX	Synchronous AUDIO-VIDEO visit for the E-M of an		12	0.096	0.080	0.01	2.56	2.80	2.83	25.00	35	8	1	15	28	40	54	0	0	0	3	23	200
REC	9X082	XXX	Audio-Video, estab pt, High MDM, 40 min met		171	0.065	0.048			2.40			50	10			30			10					
XWALK	75574	XXX	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with			0.065	0.048			2.40			50	10			30			10					

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1st REF	99202	XXX	OV, new pt, straightforward MDM	2019	44	0.055	0.047			0.93			20	2			15			3					
2nd REF	99203	XXX	OV, new pt, Low MDM	2019	5	0.055	0.046			1.60			35	5			25			5					
CURRENT	99202-95	XXX	OV, new pt, straightforward MDM	N/A		0.055	0.047			0.93			20	2			15			3					
SURVEY	9X083	XXX	Synchronous AUDIO-ONLY visit for the E-M of a NEW patient, which requires a medically appropriate history and/or		65	0.049	0.039	0.20	0.93	0.93	1.15	93.00	24	5	1	10	15	20	45	4	0	0	3	10	104
Medicine	9X083	XXX	Synchronous AUDIO-ONLY visit for the E-M of a NEW patient,		28	0.047	0.037	0.43	0.93	0.93	1.35	93.00	25	5	5	10	15	20	33	5	0	0	2	10	100
Surgery	9X083	XXX	Synchronous AUDIO-ONLY visit for the E-M of a NEW patient,		33	0.047	0.037	0.20	0.93	0.93	1.00	1.75	25	5	5	10	15	16	45	5	0	0	2	10	104
NPP	9X083	XXX	Synchronous AUDIO-ONLY visit for the E-M of a NEW patient,		4	0.100	0.097	0.93	0.93	1.07	3.40	10.00	11	1	1	8	11	13	17	0	5	7	9	14	25
REC	9X083	XXX	Audio-ONLY, new pt, Straightforward MDM, 15 min met		65	0.049	0.039			0.93			24	5			15			4					
1st REF	99203	XXX	OV, new pt, Low MDM	2019	47	0.055	0.046			1.60			35	5			25			5					
2nd REF	99202	XXX	OV, new pt, straightforward MDM	2019	5	0.055	0.047			0.93			20	2			15			3					
CURRENT	99203-95	XXX	OV, new pt, Low MDM	N/A		0.055	0.046			1.60			35	5			25			5					
SURVEY	9X084	XXX	Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically		70	0.069	0.054	0.70	1.57	1.60	1.65	10.00	30	5	1	15	20	30	55	5	0	0	5	23	104
Medicine	9X084	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		31	0.055	0.046	0.70	1.58	1.60	1.65	2.60	35	5	10	15	25	30	55	5	0	0	10	21	100
Surgery	9X084	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		35	0.070	0.055	0.70	1.48	1.60	1.63	2.75	29	5	6	15	20	28	45	4	0	0	5	20	104
NPP	9X084	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		4	0.119	0.116	1.60	1.60	1.80	4.00	10.00	16	1	1	9	15	19	20	0	10	25	33	36	40
REC	9X084	XXX	Audio-ONLY, new pt, Low MDM, 30 min met		70	0.067	0.052			1.57			30	5			20			5					
1st REF	99204	XXX	OV, new pt, Moderate MDM	2019	50	0.054	0.043			2.60			60	10			40			10					
2nd REF	99203	XXX	OV, new pt, Low MDM	2019	8	0.055	0.046			1.60			35	5			25			5					
CURRENT	99204-95	XXX	OV, new pt, Moderate MDM	N/A		0.054	0.043			2.60			60	10			40			10					
SURVEY	9X085	XXX	Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically		79	0.084	0.067	0.83	2.18	2.60	2.70	10.00	39	6	1	20	28	40	60	5	0	1	5	20	416
Medicine	9X085	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		38	0.078	0.060	0.90	2.08	2.60	2.68	4.30	44	9	10	20	29	45	50	6	0	2	5	24	100
Surgery	9X085	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		37	0.081	0.065	0.83	2.05	2.60	2.70	4.00	40	6	8	23	29	40	60	5	0	1	5	18	416
NPP	9X085	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		4	0.182	0.173	2.60	2.71	2.94	4.84	10.00	17	1	1	9	16	23	30	1	5	9	13	24	50
REC	9X085	XXX	Audio-ONLY, new pt, Moderate MDM, 45 min met		79	0.063	0.052			2.01			39	6			28			5					
XWALK	74178	XXX	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed			0.060	0.050			2.01			40	5			30			5					
1st REF	99205	XXX	OV, new pt, High MDM	2019	46	0.048	0.040			3.50			88	14			59			15					
2nd REF	99204	XXX	OV, new pt, Moderate MDM	2019	6	0.054	0.043			2.60			60	10			40			10					
CURRENT	99205-95	XXX	OV, new pt, High MDM	N/A		0.048	0.040			3.50			88	14			59			15					
SURVEY	9X086	XXX	Synchronous AUDIO-ONLY visit for the E-M of a NEW patient, which requires a medically appropriate history and/or		69	0.082	0.064	1.12	3.00	3.50	3.50	10.00	55	10	1	25	38	60	86	7	0	0	4	10	416
Medicine	9X086	XXX	Synchronous AUDIO-ONLY visit for the E-M of a NEW patient,		36	0.085	0.064	1.12	2.95	3.50	3.50	5.00	55	10	10	24	37	60	86	8	0	2	5	20	100
Surgery	9X086	XXX	Synchronous AUDIO-ONLY visit for the E-M of a NEW patient,		31	0.079	0.063	1.50	3.33	3.50	3.53	4.75	56	10	17	30	40	60	80	6	0	0	2	5	416
NPP	9X086	XXX	Synchronous AUDIO-ONLY visit for the E-M of a NEW patient,		2	1.180	1.014	4.20	5.65	7.10	8.55	10.00	7	1	1	4	6	9	11	1	5	6	8	9	10
REC	9X086	XXX	Audio-ONLY, new pt, High MDM, 60 min met		69	0.058	0.047			2.60			55	10			38			7					
XWALK	99204	XXX	Office or other outpatient visit for the evaluation and management of a new patient, which requires a			0.054	0.043			2.60			60	10			40			10					

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1st REF	99212	XXX	OV, estab pt, straightforward MDM	2019	90	0.053	0.044			0.70			16	2			11			3					
2nd REF	99213	XXX	OV, estab pt, Low MDM	2019	18	0.054	0.043			1.30			30	5			20			5					
CURRENT	99212-95	XXX	OV, estab pt, straightforward MDM	N/A		0.053	0.044			0.70			16	2			11			3					
SURVEY	9X087	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED patient, which requires a medically		141	0.047	0.037	0.18	0.70	0.70	1.00	30.00	19	5	2	10	11	15	60	3	0	0	5	20	600
Medicine	9X087	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		69	0.043	0.035	0.20	0.70	0.70	1.00	30.00	20	5	2	10	12	19	60	3	0	0	5	26	600
Surgery	9X087	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		56	0.059	0.047	0.18	0.70	0.70	0.90	2.00	15	3	2	10	10	15	30	2	0	0	5	18	416
NPP	9X087	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		16	0.041	0.034	0.18	0.47	0.70	1.02	5.00	21	8	3	10	13	18	60	0	0	4	10	18	100
REC	9X087	XXX	Audio-ONLY, estab pt, Straightforward MDM, 10 min met		141	0.047	0.037			0.70			19	5			11			3					
1st REF	99213	XXX	OV, estab pt, Low MDM	2019	104	0.054	0.043			1.30			30	5			20			5					
2nd REF	99212	XXX	OV, estab pt, straightforward MDM	2019	20	0.053	0.044			0.70			16	2			11			3					
CURRENT	99213-95	XXX	OV, estab pt, Low MDM	N/A		0.054	0.043			1.30			30	5			20			5					
SURVEY	9X088	XXX	Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a		158	0.067	0.050	0.18	1.20	1.30	1.35	30.00	26	5	2	12	16	20	80	5	0	2	10	25	4000
Medicine	9X088	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		80	0.067	0.050	0.24	1.20	1.30	1.41	30.00	26	5	5	10	16	23	80	5	0	3	10	32	4000
Surgery	9X088	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		59	0.070	0.054	0.18	1.15	1.30	1.35	2.20	24	5	2	15	16	20	45	3	0	1	10	22	832
NPP	9X088	XXX	Synchronous AUDIO-ONLY visit for the evaluation and		19	0.057	0.048	0.37	1.00	1.30	1.50	8.00	27	7	5	14	20	26	60	0	0	5	10	20	200
REC	9X088	XXX	Audio-ONLY, estab pt, Low MDM, 20 min met		158	0.061	0.046			1.20			26	5			16			5					
1st REF	99214	XXX	OV, estab pt, Moderate MDM	2019	97	0.051	0.041			1.92			47	7			30			10					
2nd REF	99213	XXX	OV, estab pt, Low MDM	2019	17	0.054	0.043			1.30			30	5			20			5					
CURRENT	99214-95	XXX	OV, estab pt, Moderate MDM	N/A		0.051	0.041			1.92			47	7			30			10					
SURVEY	9X089	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED patient, which requires a medically		144	0.073	0.056	0.28	1.80	1.92	2.00	12.00	34	6	3	15	23	30	100	5	0	2	10	25	832
Medicine	9X089	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		67	0.084	0.062	0.28	1.79	1.92	2.00	3.40	31	6	10	15	20	30	78	5	0	3	10	34	700
Surgery	9X089	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		60	0.070	0.055	0.59	1.92	1.92	2.00	3.75	35	6	3	20	24	30	45	5	0	2	9	23	832
NPP	9X089	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		17	0.071	0.062	0.50	1.80	1.92	2.02	12.00	31	1	5	15	25	37	100	5	0	2	14	24	125
REC	9X089	XXX	Audio-ONLY, estab pt, Moderate MDM, 30 min met		144	0.068	0.053			1.80			34	6			23			5					
1st REF	99215	XXX	OV, estab pt, High MDM	2019	82	0.050	0.040			2.80			70	10			45			15					
2nd REF	99214	XXX	OV, estab pt, Moderate MDM	2019	12	0.051	0.041			1.92			47	7			30			10					
CURRENT	99215-95	XXX	OV, estab pt, High MDM	N/A		0.050	0.040			2.80			70	10			45			15					
SURVEY	9X090	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED patient, which requires a medically		120	0.081	0.060	0.01	2.49	2.80	2.90	15.00	47	9	1	20	30	40	76	8	0	0	2	10	416
Medicine	9X090	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		61	0.085	0.060	0.99	2.50	2.80	2.85	4.30	47	10	10	20	28	40	76	9	0	0	4	20	200
Surgery	9X090	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		50	0.081	0.061	1.00	2.48	2.80	2.89	4.00	46	10	5	22	30	40	60	7	0	0	2	10	416
NPP	9X090	XXX	Synchronous AUDIO-ONLY visit for the E-M of an ESTABLISHED		9	0.140	0.140	0.01	1.50	2.80	3.75	15.00	20	0	1	11	20	45	54	0	0	0	0	2	8
REC	9X090	XXX	Audio-ONLY, estab pt, High MDM, 40 min met		120	0.067	0.051			2.40			47	9			30			8					
XWALK	75574	XXX	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with			0.065	0.048			2.40			50	10			30			10					
1st REF	99212	XXX	OV, estab pt, straightforward MDM	2019	34	0.053	0.044			0.70			16	2			11			3					
2nd REF	99211	XXX	OV, estab pt, that may not require the presence of a physician or other qualified health care	2019	30	0.027	0.026			0.18			7	0			5			2					
CURRENT	G2012	XXX	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health	N/A		0.017	0.019			0.25			13	1			8			4					
SURVEY	9X091	XXX	Brief communication technology-based service (eg, VIRTUAL CHECK-IN) by a physician or other qualified health care		112	0.059	0.047	0.10	0.29	0.70	1.13	4.00	15	3	1	5	10	10	100	2	0	0	10	50	2400

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME	INTRA-TIME/TOTAL TIME					IMMD	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
Medicine	9X091	XXX	Brief communication technology-based service (eg, VIRTUAL		50	0.061	0.048	0.10	0.50	0.73	1.00	3.50	15	3	1	6	10	10	45	2	0	0	8	48	2400
Surgery	9X091	XXX	Brief communication technology-based service (eg, VIRTUAL		49	0.057	0.043	0.10	0.20	0.65	0.91	2.10	15	5	1	5	9	10	25	1	0	0	10	50	300
NPP	9X091	XXX	Brief communication technology-based service (eg, VIRTUAL		13	0.097	0.088	0.18	0.20	0.70	1.75	4.00	8	1	1	5	7	20	100	0	0	0	8	20	50
REC	9X091	XXX	EST Pt, tech-based, 5-10 min (virtual check-in)		112	0.018	0.019	0.29					15	3			10			2					

Specialty	% of All NEW PT Telemedicine	Specialty Util NEW PT Telemedicine
Gastroenterology	13.2%	106,235
Nurse Practitioner	11.8%	94,689
Internal Medicine	8.2%	65,597
Family Medicine	6.7%	54,200
Neurology	6.2%	50,141
Physician Assistant	5.7%	45,982
Pulmonary Disease	3.9%	31,352
Endocrinology	3.2%	25,935
Psychiatry	2.9%	23,007
Nephrology	2.6%	20,635
Cardiology	2.4%	19,130
Urology	2.4%	18,965
Emergency Medicine	2.0%	15,950
Neurosurgery	1.9%	15,594
Hematology/Oncology	1.9%	15,164
Radiation Oncology	1.9%	14,883
Sleep Medicine	1.6%	13,202
General Surgery	1.6%	12,931
Physical Med and Rehab	1.3%	10,841
Rheumatology	1.3%	10,542
Allergy/Immunology	1.3%	10,456
Cardiac Electrophysiology	1.1%	8,626
Medical Oncology	1.0%	7,982
Infectious Disease	1.0%	7,637
Orthopedic Surgery	1.0%	7,637
Dermatology	0.8%	6,814
General Practice	0.8%	6,334
Anesthesiology	0.8%	6,210
Otolaryngology	0.8%	6,043
Pain Management	0.7%	5,759
Thoracic Surgery	0.6%	4,829
Diagnostic Radiology	0.6%	4,748
Interventional Cardiology	0.6%	4,644
Geriatric Medicine	0.5%	4,132
Obstetrics/Gynecology	0.5%	4,072
Hospice/Palliative Care	0.4%	3,475
Pediatric Medicine	0.4%	3,292
Critical Care	0.4%	3,106
Vascular Surgery	0.4%	3,001
Interventional Pain Mgmt	0.3%	2,723
Interventional Radiology	0.3%	2,685
Colorectal Surgery	0.3%	2,127
Hospitalist	0.2%	1,981
Cardiac Surgery	0.2%	1,938

Hematology	0.2%	1,783
Plastic Surgery	0.2%	1,692
Cert Clinical Nurse	0.2%	1,541
Surgical Oncology	0.2%	1,410
Gynecologist/Oncologist	0.1%	1,135
Ophthalmology	0.1%	1,038
Medical Genetics/Genomics	0.1%	971
Geriatric Psychiatry	0.1%	964
Podiatry	0.1%	941
Adv HF and Trans Card	0.1%	696
Sports Medicine	0.1%	602
Unknown Physician Spec	0.1%	601
Oral Surgery (Dentists only)	0.1%	474
Addiction Medicine	0.1%	469
Osteopathic Manip Medicine	0.1%	458
Hand Surgery	0.1%	448
Micrographic Derm Surg	0.1%	419
Optometry	0.0%	376
Neuropsychiatry	0.0%	322
Preventive Medicine	0.0%	245
Hema Cell Trans Cell Thpy	0.0%	206
Nuclear Medicine	0.0%	141
Dentist	0.0%	137
Pathology	0.0%	133
Certified Nurse Midwife	0.0%	107
Maxillofacial Surgery	0.0%	102
Clinical Psychologist	0.0%	89
Peripheral Vasc Disease	0.0%	82
Adult Congenital HD	0.0%	54
Audiologist	0.0%	46
Clinical Social Worker	0.0%	46
CRNA, Anesthesia Asst	0.0%	24
Undersea & Hyperbaric Med	0.0%	22
Clinic or Group Practice	0.0%	19
Medical Toxicology	0.0%	16
Mass Immun Roster Biller	0.0%	5
Unknown Provider	0.0%	3
Psychologist	0.0%	1
Speech Language Pathologist	0.0%	1
Dietician/Nutritionist	0.0%	1
Physical Therapist	0.0%	1
Anesthesiologist Asst	0.0%	0
Intensive Cardiac Rehab	0.0%	0
Pharmacy	0.0%	0
Radiation Therapy Center	0.0%	0
Clinical Laboratory	0.0%	0
Med Supply Co w/Reg Pharm	0.0%	0

Public Hlth/Welfare Agncy	0.0%	0
Ind Diagnostic Test Fcty	0.0%	0
Mammography Screening Ctr	0.0%	0
Opioid Treatment Program	0.0%	0

% of All EST PT Telemedicine	Specialty Util EST PT Telemedicine	% of All Telephone Codes	Specialty Util Telephone Codes
2.8%	457,615	2.3%	69,264
14.9%	2,410,833	16.9%	507,014
16.4%	2,651,831	17.4%	521,305
12.9%	2,078,308	15.2%	454,256
4.0%	646,802	2.3%	69,680
4.8%	770,992	6.2%	186,467
2.2%	349,447	2.2%	67,009
2.5%	409,987	2.3%	67,665
13.0%	2,097,360	7.2%	216,524
2.2%	359,871	2.4%	71,632
3.4%	556,453	4.1%	122,513
1.5%	249,162	2.1%	63,415
0.3%	45,584	0.3%	8,001
0.3%	52,286	0.5%	14,772
1.9%	299,315	2.7%	82,328
0.2%	37,399	0.7%	21,440
0.4%	62,068	0.2%	5,667
0.4%	57,153	0.5%	16,337
1.8%	283,685	1.1%	34,397
1.8%	285,247	1.6%	47,036
0.4%	66,520	0.2%	7,243
0.4%	60,626	0.5%	14,930
0.7%	116,474	0.9%	25,871
0.5%	88,707	0.6%	17,488
0.5%	86,649	0.6%	18,078
0.3%	51,127	0.2%	6,146
0.7%	119,360	0.6%	17,291
1.4%	231,150	0.9%	26,679
0.3%	44,420	0.3%	8,467
1.6%	258,912	0.9%	25,987
0.1%	13,591	0.2%	7,392
0.0%	7,781	0.1%	3,754
0.5%	82,834	0.7%	21,207
0.4%	57,077	0.7%	20,471
0.4%	62,130	0.5%	13,906
0.2%	24,822	0.2%	6,211
0.1%	24,134	0.1%	3,550
0.2%	30,847	0.1%	4,272
0.1%	18,250	0.5%	13,625
1.3%	204,149	0.5%	16,034
0.0%	6,834	0.1%	2,453
0.0%	7,038	0.1%	2,218
0.1%	19,463	0.1%	4,116
0.0%	3,139	0.1%	2,436

0.1%	20,094	0.2%	5,119
0.0%	4,152	0.0%	625
0.6%	104,594	0.4%	13,036
0.0%	6,192	0.1%	2,394
0.1%	11,281	0.1%	4,416
0.1%	13,696	0.2%	6,749
0.0%	567	0.0%	249
0.2%	25,446	0.2%	4,782
0.1%	12,438	0.1%	2,541
0.1%	13,779	0.1%	4,123
0.1%	10,135	0.1%	2,351
0.0%	5,916	0.0%	234
0.0%	1,042	0.0%	367
0.1%	12,393	0.0%	548
0.1%	14,536	0.0%	1,420
0.0%	3,354	0.0%	737
0.0%	583	0.0%	127
0.0%	3,635	0.0%	1,132
0.1%	9,640	0.0%	283
0.0%	4,196	0.0%	473
0.0%	3,789	0.0%	673
0.0%	1,608	0.0%	202
0.0%	174	0.0%	111
0.0%	730	0.0%	246
0.0%	1,056	0.0%	335
0.0%	448	0.0%	64
0.0%	961	0.0%	829
0.0%	632	0.0%	79
0.0%	310	0.0%	68
0.0%	37	0.0%	1
0.0%	784	0.1%	2,657
0.0%	1,014	0.0%	89
0.0%	411	0.0%	68
0.0%	1,071	0.0%	8
0.0%	36	0.0%	5
0.0%	4	0.0%	0
0.0%	38	0.0%	0
0.0%	2	0.0%	508
0.0%	7	0.0%	0
0.0%	26	0.0%	41
0.0%	3	0.0%	641
0.0%	1	0.0%	0
0.0%	0	0.0%	0
0.0%	0	0.0%	0
0.0%	0	0.0%	0
0.0%	1	0.0%	0
0.0%	0	0.0%	0

0.0%	2	0.0%	1
0.0%	0	0.0%	0
0.0%	0	0.0%	0
0.0%	0	0.0%	0

% of Brief Check-in	Specialty Util of Brief Check-In
0.8%	492
11.4%	6,637
20.8%	12,117
18.8%	10,953
2.4%	1,389
4.7%	2,754
2.1%	1,211
1.5%	892
3.5%	2,046
1.0%	592
6.7%	3,889
1.3%	762
0.5%	281
0.2%	131
3.6%	2,069
0.4%	251
0.1%	41
0.4%	226
0.9%	495
1.4%	838
0.2%	91
0.1%	81
0.3%	160
0.7%	398
0.9%	528
0.2%	115
3.9%	2,274
0.4%	234
0.4%	215
1.2%	720
0.1%	77
0.0%	5
1.2%	712
3.5%	2,028
0.5%	309
0.0%	18
0.1%	35
0.1%	63
0.1%	77
0.9%	523
0.0%	6
0.0%	21
0.1%	75
0.0%	18

0.0%	8
0.1%	63
0.2%	107
0.0%	21
0.1%	42
0.4%	247
0.0%	0
0.1%	49
0.5%	289
0.0%	4
0.1%	52
0.0%	3
0.0%	1
0.0%	0
0.5%	275
0.0%	13
0.0%	0
0.1%	50
0.0%	6
0.0%	7
0.0%	0
0.0%	0
0.0%	0
0.0%	0
0.0%	2
0.0%	0
0.0%	22
0.0%	0
0.0%	1
0.0%	0
0.1%	49
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%	5
0.0%	2
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

CPT Source	Source Minutes	Deleted	Source 2021 Utilization	New/Revised Code Minutes	New/ Revised Code	New to Established %	Percentage Actual 2021	New/Revised Code Utilization (reference 2021)	Projected Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
99202-95	15-29	New	71,013	15	9X075		0.4%	71,013	1.000	0.93	0.93	06 Telemedicine Evaluation and Management Services	66,042	66,042
99203-95	30-44	New	241,299	30	9X076		1.4%	241,299	1.000	1.60	1.60	06 Telemedicine Evaluation and Management Services	386,078	386,078
99204-95	45-59	New	330,400	45	9X077		2.0%	330,400	1.000	2.60	2.60	06 Telemedicine Evaluation and Management Services	859,040	859,040
99205-95	60-74	New	160,335	60	9X078	**5%**	0.9%	160,335	1.000	3.50	3.50	06 Telemedicine Evaluation and Management Services	561,173	561,173
99211-95	0-9	Est	70,769	0-9	9X091	**95%**	0.4%	70,769	1.000	0.18	0.18	06 Telemedicine Evaluation and Management Services	12,738	12,738
99212-95	10-19	Est	746,296	10	9X079	8.7%	4.4%	746,296	1.000	0.70	0.70	06 Telemedicine Evaluation and Management Services	522,407	522,407
99213-95	20-29	Est	6,569,884	20	9X080	3.5%	38.8%	6,569,884	1.000	1.30	1.30	06 Telemedicine Evaluation and Management Services	8,540,849	8,540,849
99214-95	30-39	Est	7,724,123	30	9X081	4.1%	45.6%	7,724,123	1.000	1.92	1.92	06 Telemedicine Evaluation and Management Services	14,830,316	14,830,316
99215-95	40-54	Est	1,027,175	40	9X082	13.5%	6.1%	1,027,175	1.000	2.80	2.80	06 Telemedicine Evaluation and Management Services	2,876,089	2,876,089
			16,941,293				**1.00**						28,654,732	28,654,732
99441	5-10	D	1,161,238	5-10	9X091			1,161,238	1.000	0.70	0.25	06 Telemedicine Evaluation and Management Services	290,310	812,867
99442	11-20	D	2,977,502	15	9X083 N	8.69%		258,704	0.087	1.30	0.93	06 Telemedicine Evaluation and Management Services	240,595	336,315
99443	21-30	D	2,129,707	30	9X084 N	3.54%		75,449	0.035	1.92	1.57	06 Telemedicine Evaluation and Management Services	118,455	144,862
				45	9X085 N						2.18			
				60	9X086 N						3.00			
99442	11-20	D	2,977,502	10	9X087 E	45.66%		1,359,399	0.457	1.30	0.70	06 Telemedicine Evaluation and Management Services	951,579	1,767,219
99442	11-20	D	2,977,502	20	9X088 E	45.66%		1,359,399	0.457	1.30	1.20	06 Telemedicine Evaluation and Management Services	1,631,279	1,767,219
99443	21-30	D	2,129,707	30	9X089 E	96.46%		2,054,258	0.965	1.92	1.80	06 Telemedicine Evaluation and Management Services	3,697,665	3,944,176
				40	9X090 E						2.49			
G2012	5-10	D	198,513	5-10	9X091			198,513	1.000	0.25	0.25	06 Telemedicine Evaluation and Management Services	49,628	49,628
G2252	11-20	D	4,725	11-20	9X083 N			2,363	0.500	0.50	0.93	06 Telemedicine Evaluation and Management Services	2,197	1,181
G2252	11-20	D	4,725	11-20	9X087 E			2,363	0.500	0.50	0.70	06 Telemedicine Evaluation and Management Services	1,654	1,181
									#DIV/0!				0	0
			6,268,447	**27.01%**	Are currently telephone				0.000				0	0
			23,209,740		We think this is high and would project 10 percent vs 90 percent				0.000				0	0
									#DIV/0!				0	0
									#DIV/0!				0	0
									#DIV/0!				0	0
													64,292,824	66,134,111

Total Source RVUs		66,134,111
Total New/Revised RVUs		64,292,824
RVU Difference		1,841,287
CF		33.8872
CF Redistribution	**$**	**62,396,047**

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
Amy Ahasic, MD, Suzanne Berman, MD, Lisa Price, MD,
Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2023

CPT Code	Long Descriptor	Global Period
9X075	Synchronous audio-video 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.	XXX
9X076	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded	XXX
9X077	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	XXX
9X078	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	XXX
9X079	Synchronous audio-video 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	XXX
9X080	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	XXX
9X081	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	XXX
9X082	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making.	XXX

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code	Long Descriptor	Global Period
	When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	
9X083	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	XXX
9X084	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	XXX
9X085	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	XXX
9X086	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	XXX
9X087	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	XXX
9X088	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	XXX
9X089	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	XXX
9X090	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	XXX

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
Amy Ahasic, MD, Suzanne Berman, MD, Lisa Price, MD,
Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code	Long Descriptor	Global Period
9X091	Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
9X075	Synchronous audio-video visit for a new patient with a self-limited problem.
9X076	Synchronous audio-video visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.
9X077	Synchronous audio-video visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.
9X078	Synchronous audio-video visit for a new patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.
9X079	Synchronous audio-video visit for an established patient with a self-limited problem.
9X080	Synchronous audio-video visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.
9X081	Synchronous audio-video visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.
9X082	Synchronous audio-video visit for an established patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function
9X083	Synchronous audio-only visit for a new patient with a self-limited problem.
9X084	Synchronous audio-only visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.
9X085	Synchronous audio-only visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.
9X086	Synchronous audio-only visit for a new patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.
9X087	Synchronous audio-only visit for an established patient with a self-limited problem.
9X088	Synchronous audio-only visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.
9X089	Synchronous audio-only visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
Amy Ahasic, MD, Suzanne Berman, MD, Lisa Price, MD,
Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9X090	Synchronous audio-only visit for an established patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.
9X091	An established patient contacts the office to request an evaluation regarding the necessity of being seen for symptoms of concern to the patient.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The practice expense survey tool was approved by the AMA research subcommittee. The joint societies listed in Attachment #1 surveyed members totaling 41,334. The survey response totals varied by CPT Code. The breakout of survey responses by code, including specialty breakouts are included in Attachment #2.

A consensus panel consisting of RUC advisors and subject matter experts from the surveying societies met via multiple conference calls to develop the practice expense recommendations. The consensus panel reviewed the (1) survey times, (2) write in information (i.e. additional clinical activities, supplies, equipment), (3) existing inputs for the reference service codes, (4) existing inputs for 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 practice expense inputs for CPT Codes 99202-99215, 99441-99443 and G2012 are included on the PE spreadsheet. The current in-person E/M codes were selected as key reference codes on the work portion of the telemedicine recommendations. As such, they are included on the PE spreadsheet as references to the new telemedicine codes. In addition, CPT Codes 99441-99443 and G2012 were included on the PE spreadsheet as 'current' inputs. When G2012 was created by CMS in 2018, they cross walked the physician work, time and direct practice expenses from CPT Code 99441. Although CMS increased 99441 to be paid the same as 99212 during the PHE and included the same direct PE inputs, they did not change the G2012 inputs. CMS initially said G2012 and 99441 were the same. That is how the clinical staff time was assigned to G2012. Also note that CMS implemented G2012 before the PHE at the same time they said 99441-99443 were still bundled services, meaning they were willing to pay for a brief check in, but not pay for phone calls.

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?

N/A

See the *Billed Together* tab in the RUC Database.

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.

   See Excel file provided by AMA staff titled "2021 Medicare Specialty Mix for Telemedicine"

   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.

   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 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   The following clinical staff activities were revised and used as proxies for this telemedicine PE Survey. No change is being requested to the activity descriptors.

   CA009: Greet patient, provide gowning, ensure appropriate medical records are available
   Revised to:
   Ensure appropriate medical record are available

CA013: Prepare room, equipment, supplies
Revised to:
Prepare patient for the visit (i.e. check audio and/or visual)

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:

The existing in person evaluation and management office visit codes (99202-99215) and telephone evaluation and management codes (99441-99443) have 5 minutes for obtain vital signs. There is no time for obtain vital signs recommended for the new telemedicine codes.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Identify need for imaging, lab or other test result(s) and ensure information has been obtained - *three days prior* (to be used with E/M only)

    b. Service period (includes pre, intra and post):

Pre-Service
- Identify need for imaging, lab or other test result(s) and ensure information has been obtained - *day of* (to be used with E/M only)
- Greet patient, ensure appropriate medical records are available
- Prepare patient for the visit (i.e. check audio and/or visual)
- Review and document history, systems, and medications

Intra-Service (of service period)
- N/A

Post-Service (of service period)
- Coordinate home or outpatient care (to be used with E/M only)

    c. Post-service period:

Conduct patient communications

(For more detail See Question #26)

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): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

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 2nd worksheet tab in PE spreadsheet*):
    See response to Question 8.

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? **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 4th 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? **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?
    The existing in person evaluation and management office visit codes (99202-99215) and telephone evaluation and management codes (99441-99443) include SA047, pack, E/M visit. No supply pack is recommended for the new telemedicine codes.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

NONFACILITY DIRECT PE INPUTS

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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 5th 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 Latitute 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 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

The existing in person evaluation and management office visit codes (99202-99215) and telephone evaluation and management codes (99441-99443) include three equipment items (EQ189 otoscope-ophthalmoscope (wall unit), EF023 table, exam and EF048). EQ189 and EF023 use the "office visit" equipment formula. EF048 uses the "other" equipment formula, since the scale is portable. No equipment time is recommended for the new telemedicine 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:

NONFACILITY DIRECT PE INPUTS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The research subcommittee reviewed and approved telemedicine practice expense survey questions that were added to the survey instrument used to survey for physician/QHP work. The first question asked survey respondents to indicate (Yes/No) whether the use of clinical staff in the provision of telemedicine E/M services was typical (>50%). We received 182 PE responses and 60% indicated the use of clinical staff was typical. Therefore, we are making direct practice expense recommendations for the new telemedicine E/M services.

The survey directed survey respondents to indicate typical clinical time by CPT Code (17 new telemedicine E/M services) and by clinical activity. The survey included the clinical activities currently included in the direct PE inputs for 99202-99215 as well as an opportunity to write in time and specify additional activities for Pre Service Period, Service Period and Post Service Period. There were two modifications to the standard E/M clinical activities, to accommodate the telemedicine aspect of the services:

> CA009: ~~Greet patient, provide gowning, e~~Ensure appropriate medical records are available
> CA013: ~~Prepare room, equipment, supplies~~ Prepare patient for visit (i.e. check audio and/or visual)

For the survey responses that included clinical staff time, the clinical activity medians were computed and then summed to calculate total time. The total survey times are included for each code, on the spreadsheet, in line 3. In addition, the number of survey responses, per code, are also indicated in the PE spreadsheet on line 3.

Survey respondents had the opportunity to write in 'other clinical activities' and include time. Those responses were analyzed, and in cases where survey respondents included activities that were included on the survey in the "DO NOT INCLUDE" section, those times were removed from the data. The following is an excerpt from the survey about what activities to specifically NOT include as clinical staff time:

Clinical staff activities for both in-person office visits and telemedicine E/M services DO NOT INCLUDE time for any administrative activities no matter who performs these activities, including:

- *Obtain referral documents*
- *Schedule patient/remind patient of appointment*
- *Obtain medical records/manage patient database/develop chart*
- *Pre-certify patient/conduct pre-service billing*
- *Verify insurance/register patient*
- *Transcribe results/file and manage patient records*
- *Schedule subsequent post service E&M services*
- *Conduct billing and collection activities*

The consensus panel reviewed the (1) survey times, (2) write in information (i.e. additional clinical activities, supplies, equipment), (3) existing inputs for the reference service codes, (4) existing

inputs for current codes, and (5) PE standards. In some cases, the consensus panel reallocated minutes within the codes to preserve relativity and establish standards. Based on this review, consensus recommendations were developed as shown below.

Clinical Activity Times as Standards for All Codes Based on Survey Responses

CA049: Identify need for imaging, lab or other test result(s) and ensure information has been obtained – 1 minute
CA009: Ensure appropriate medical records are available – 2 minutes

Clinical Activity Times That Vary by Code

CA048: Identify need for imaging, lab or other test result(s) and ensure information has been obtained – three days prior (to be used with E/M only)

	Audio-Visual New Pt				Audio-Visual Established Pt			
	9X075	9X076	9X077	9X078	9X079	9X080	9X081	9X082
CA048	2	2	2	3	2	2	2	2

	Audio-Only New Pt				Audio-Only Established Pt			
	9X083	9X084	9X085	9X086	9X087	9X088	9X089	9X090
CA048	2	2	2	3	2	2	2	2

CA013: Prepare patient for visit (i.e. check audio and/or visual)

	Audio-Visual New Pt				Audio-Visual Established Pt			
	9X075	9X076	9X077	9X078	9X079	9X080	9X081	9X082
CA013	2	2	2	2	2	2	2	2

	Audio-Only New Pt				Audio-Only Established Pt			
	9X083	9X084	9X085	9X086	9X087	9X088	9X089	9X090
CA013	0	0	0	0	0	0	0	0

CA050: Review and document history, systems and medications

	Audio-Visual New Pt				Audio-Visual Established Pt			
	9X075	9X076	9X077	9X078	9X079	9X080	9X081	9X082
CA050	2	2	2	2	1	1	2	2

	Audio-Only New Pt				Audio-Only Established Pt			
	9X083	9X084	9X085	9X086	9X087	9X088	9X089	9X090
CA050	2	2	2	2	1	1	1	2

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
Amy Ahasic, MD, Suzanne Berman, MD, Lisa Price, MD,
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CA051: Education/instruction/counseling

	Audio-Visual New Pt				Audio-Visual Established Pt			
	9X075	9X076	9X077	9X078	9X079	9X080	9X081	9X082
CA051	1	1	2	2	1	1	2	2

	Audio-Only New Pt				Audio-Only Established Pt			
	9X083	9X084	9X085	9X086	9X087	9X088	9X089	9X090
CA051	1	1	2	2	1	1	2	2

CA052: Coordinate home or outpatient care

	Audio-Visual New Pt				Audio-Visual Established Pt			
	9X075	9X076	9X077	9X078	9X079	9X080	9X081	9X082
CA050	0	1	2	3	0	1	2	3

	Audio-Only New Pt				Audio-Only Established Pt			
	9X083	9X084	9X085	9X086	9X087	9X088	9X089	9X090
CA050	0	1	2	3	0	1	2	3

CA037: Conduct patient communications

	Audio-Visual New Pt				Audio-Visual Established Pt			
	9X075	9X076	9X077	9X078	9X079	9X080	9X081	9X082
CA037	3	3	5	5	3	3	5	5

	Audio-Only New Pt				Audio-Only Established Pt			
	9X083	9X084	9X085	9X086	9X087	9X088	9X089	9X090
CA037	3	3	5	5	3	3	5	5

	9X091
CA037	3

Overall time recommendations for the new telemedicine codes are listed below:

Audio-Visual New Pt				Audio-Visual Established Pt			
9X075	9X076	9X077	9X078	9X079	9X080	9X081	9X082
13	14	18	20	12	13	18	19

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Audio-Only New Pt				Audio-Only Established Pt			
9X083	9X084	9X085	9X086	9X087	9X088	9X089	9X090
11	12	16	18	10	11	15	17

Virtual Check In
9X091
3

Supplies
The survey listed the typical supplies used when performing an in-person office visit (99202-99215). The survey respondents were asked whether or not they typically (>50% of the time) used each of those supplies when providing telemedicine E/M services. The survey respondents were given an opportunity to write in up to four additional supply items, if relevant. The survey collected supply information in aggregate (not separate answers for each of the 17 codes).

The survey indicated that the existing supplies, included in 99202-99215 were not typically (>50% of the time) used when providing telemedicine E/M services. See below:

Supply Item	**% Used**
Paper, exam table (7 feet)	3%
Pillowcase (1 item)	1%
Gown, patient (1 item)	1%
Drape, non-sterile, sheet 40in x 60in (1 item)	1%
Swab-pad, alcohol (2 items)	2%
Cover, thermometer probe (1 item)	1%
Specula tips, otoscope (1 item)	1%
Tongue depressor (1 item)	2%
Gloves, non-sterile (2 pair)	3%
Patient education booklet (1 item)	10%
Sanitizing cloth wipe (surface, instruments, equipment (1 item)	7%

While some of the survey respondents wrote in additional supplies they used while performing telemedicine services (i.e. printer paper, envelopes, stamps, patient education materials), none of the items rose to typical (>50%), therefore no supply items are being recommended at this time.

Equipment
The survey listed the typical medical equipment items (>$500) used when performing an in-person office visit (99202-99215). The survey respondents were asked whether or not they typically (>50% of the time) used any of these medical equipment items when providing telemedicine E/M services. The survey respondents were given an opportunity to write in additional medical equipment items, if relevant. The survey collected supply information in aggregate (not separate answers for each of the 17 codes).

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The survey indicated that the existing equipment items, included in 99202-99215 were not typically (>50% of the time) used when providing telemedicine E/M services. See below:

Equipment	% Used
Otoscope-ophthalmoscope (wall unit)	3%
Exam Table	7%
Portable stand-on scale	7%

The RUC approved the inclusion of ED021 Computer, desktop, w-monitor for the E/M office visit codes (99202-99215), however, CMS removed ED021 and indicated it was an indirect expense.

Several survey respondents wrote in additional equipment items they used while performing telemedicine services, including:

- Camera
- Computer
- Headphones
- Microphone
- Telemedicine Platform (software)

The write in items did not rise to typical (>50%), therefore no equipment items are being recommended at this 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. *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.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

CPT CODE(S): 9X075-9X091
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Attachment #1: Surveying Specialty Societies

Specialty Society	# of surveys distributed
American Academy of Neurology (AAN)	1960
American Association of Neurological Surgeons (AANS)	493
American Academy of Orthopaedic Surgeons (AAOS)	996
American Academy of Pediatrics (AAP)	2893
American Academy of Physical Medicine & Rehabilitation (AAPM&R)	494
American College of Cardiology (ACC)	2405
American College of Gastroenterology (ACG)	2963
American College of Obstetricians and Gynecologists (ACOG)	5000
American College of Surgeons (ACS)	2648
American Gastroenterological Association AGA	Included with AGA
American Geriatrics Society (AGS)	1482
American Nurses Association (ANA)	1923
American Academy of PAs (AAPA)	1608
American Society of Anesthesiologists (ASA)	992
American Society of Colon and Rectal Surgeons (ASCRS)	958
American Society of Regional Anesthesia and Pain Medicine (ASRA)	742
American Society for Surgery of the Hand (ASSH)	797
American Society for Gastrointestinal Endoscopy (ASGE)	Included with AGA
American Thoracic Society (ATS)	1460
American Urological Association (AUA)	4874
American College of Chest Physicians (CHEST aka ACCP)	1470
Congress of Neurological Surgeons (CNS)	492
The Endocrine Society (ES)	1984
North American Neuromodulation Society (NANS)	580
Society of Thoracic Surgeons (STS)/American Association for Thoracic Surgery (AATS)	648
Society for Vascular Surgery (SVS)	1472
TOTAL	**41,334**

NONFACILITY DIRECT PE INPUTS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Attachment #2 Responses by Specialty

CPT Code 9X075 N=46				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	4		Pediatric Medicine	4
Cardiac Surgery	1		Physical Medicine and Rehabilitation	0
Cardiology	0		Physician's Assistant	3
Certified Clinical Nurse Specialist	0		Pulmonary Disease	0
Colorectal Surgery (Proctology)	2		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	0
Emergency Medicine	1		Urology	6
Endocrinology	0		Vascular Surgery	0
Gastroenterology	4			
General Practice	0			
Geriatric Medicine	2			
Gynecological Oncology	0			
Hand Surgery	2			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	3			
Neurosurgery	6			
Nurse Practitioner	0			
Obstetrics/Gynecology	3			
Orthopedic Surgery	3			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

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SPECIALTY SOCIETIES: See Attachment #1
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X076 N=58				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	5		Pediatric Medicine	4
Cardiac Surgery	1		Physical Medicine and Rehabilitation	1
Cardiology	3		Physician's Assistant	4
Certified Clinical Nurse Specialist	0		Pulmonary Disease	0
Colorectal Surgery (Proctology)	1		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	1
Emergency Medicine	1		Urology	7
Endocrinology	1		Vascular Surgery	0
Gastroenterology	5			
General Practice	0			
Geriatric Medicine	2			
Gynecological Oncology	0			
Hand Surgery	2			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	3			
Neurosurgery	6			
Nurse Practitioner	0			
Obstetrics/Gynecology	5			
Orthopedic Surgery	3			
Otolaryngology	1			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
Amy Ahasic, MD, Suzanne Berman, MD, Lisa Price, MD,
Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X077 N=86				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	6		Pediatric Medicine	3
Cardiac Surgery	1		Physical Medicine and Rehabilitation	1
Cardiology	6		Physician's Assistant	4
Certified Clinical Nurse Specialist	0		Pulmonary Disease	7
Colorectal Surgery (Proctology)	1		Sleep Medicine	2
Critical Care (Intensivists)	1		Thoracic Surgery	2
Emergency Medicine	1		Urology	7
Endocrinology	4		Vascular Surgery	1
Gastroenterology	5			
General Practice	0			
Geriatric Medicine	4			
Gynecological Oncology	1			
Hand Surgery	2			
Hospice & Palliative Care	0			
Interventional Cardiology	1			
Interventional Pain Management	1			
Neurology	5			
Neurosurgery	8			
Nurse Practitioner	0			
Obstetrics/Gynecology	6			
Orthopedic Surgery	4			
Otolaryngology	1			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X078 N=76				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	6		Pediatric Medicine	4
Cardiac Surgery	0		Physical Medicine and Rehabilitation	1
Cardiology	6		Physician's Assistant	3
Certified Clinical Nurse Specialist	0		Pulmonary Disease	5
Colorectal Surgery (Proctology)	1		Sleep Medicine	2
Critical Care (Intensivists)	0		Thoracic Surgery	2
Emergency Medicine	0		Urology	6
Endocrinology	3		Vascular Surgery	1
Gastroenterology	5			
General Practice	0			
Geriatric Medicine	4			
Gynecological Oncology	1			
Hand Surgery	2			
Hospice & Palliative Care	0			
Interventional Cardiology	1			
Interventional Pain Management	1			
Neurology	5			
Neurosurgery	8			
Nurse Practitioner	0			
Obstetrics/Gynecology	5			
Orthopedic Surgery	3			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X079 N=87				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	5		Pediatric Medicine	11
Cardiac Surgery	1		Physical Medicine and Rehabilitation	1
Cardiology	2		Physician's Assistant	8
Certified Clinical Nurse Specialist	1		Pulmonary Disease	0
Colorectal Surgery (Proctology)	2		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	0
Emergency Medicine	1		Urology	12
Endocrinology	0		Vascular Surgery	0
Gastroenterology	4			
General Practice	1			
Geriatric Medicine	6			
Gynecological Oncology	0			
Hand Surgery	7			
Hospice & Palliative Care	1			
Interventional Cardiology	1			
Interventional Pain Management	1			
Neurology	6			
Neurosurgery	7			
Nurse Practitioner	2			
Obstetrics/Gynecology	4			
Orthopedic Surgery	3			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X080 N=114				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	6		Pediatric Medicine	12
Cardiac Surgery	1		Physical Medicine and Rehabilitation	2
Cardiology	6		Physician's Assistant	9
Certified Clinical Nurse Specialist	1		Pulmonary Disease	9
Colorectal Surgery (Proctology)	1		Sleep Medicine	2
Critical Care (Intensivists)	1		Thoracic Surgery	0
Emergency Medicine	1		Urology	12
Endocrinology	3		Vascular Surgery	0
Gastroenterology	5			
General Practice	1			
Geriatric Medicine	8			
Gynecological Oncology	0			
Hand Surgery	6			
Hospice & Palliative Care	1			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	6			
Neurosurgery	7			
Nurse Practitioner	2			
Obstetrics/Gynecology	6			
Orthopedic Surgery	4			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X081 N=127				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	7		Pediatric Medicine	12
Cardiac Surgery	1		Physical Medicine and Rehabilitation	2
Cardiology	9		Physician's Assistant	8
Certified Clinical Nurse Specialist	1		Pulmonary Disease	9
Colorectal Surgery (Proctology)	1		Sleep Medicine	2
Critical Care (Intensivists)	1		Thoracic Surgery	2
Emergency Medicine	1		Urology	12
Endocrinology	4		Vascular Surgery	1
Gastroenterology	5			
General Practice	1			
Geriatric Medicine	7			
Gynecological Oncology	1			
Hand Surgery	7			
Hospice & Palliative Care	1			
Interventional Cardiology	2			
Interventional Pain Management	1			
Neurology	9			
Neurosurgery	8			
Nurse Practitioner	2			
Obstetrics/Gynecology	6			
Orthopedic Surgery	4			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X082 N=101				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	6		Pediatric Medicine	8
Cardiac Surgery	0		Physical Medicine and Rehabilitation	2
Cardiology	8		Physician's Assistant	4
Certified Clinical Nurse Specialist	0		Pulmonary Disease	7
Colorectal Surgery (Proctology)	1		Sleep Medicine	2
Critical Care (Intensivists)	0		Thoracic Surgery	1
Emergency Medicine	0		Urology	10
Endocrinology	3		Vascular Surgery	1
Gastroenterology	5			
General Practice	1			
Geriatric Medicine	8			
Gynecological Oncology	1			
Hand Surgery	5			
Hospice & Palliative Care	1			
Interventional Cardiology	1			
Interventional Pain Management	1			
Neurology	8			
Neurosurgery	7			
Nurse Practitioner	1			
Obstetrics/Gynecology	5			
Orthopedic Surgery	3			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
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Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X083 N=37				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	4		Pediatric Medicine	2
Cardiac Surgery	1		Physical Medicine and Rehabilitation	0
Cardiology	0		Physician's Assistant	2
Certified Clinical Nurse Specialist	0		Pulmonary Disease	0
Colorectal Surgery (Proctology)	2		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	0
Emergency Medicine	1		Urology	5
Endocrinology	0		Vascular Surgery	1
Gastroenterology	3			
General Practice	0			
Geriatric Medicine	0			
Gynecological Oncology	0			
Hand Surgery	2			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	2			
Neurosurgery	6			
Nurse Practitioner	0			
Obstetrics/Gynecology	3			
Orthopedic Surgery	1			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
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Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X084 N=43				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	4		Pediatric Medicine	2
Cardiac Surgery	1		Physical Medicine and Rehabilitation	0
Cardiology	2		Physician's Assistant	2
Certified Clinical Nurse Specialist	0		Pulmonary Disease	0
Colorectal Surgery (Proctology)	1		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	1
Emergency Medicine	1		Urology	5
Endocrinology	1		Vascular Surgery	1
Gastroenterology	4			
General Practice	0			
Geriatric Medicine	0			
Gynecological Oncology	0			
Hand Surgery	2			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	2			
Neurosurgery	6			
Nurse Practitioner	0			
Obstetrics/Gynecology	5			
Orthopedic Surgery	1			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X085 N=51				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	5		Pediatric Medicine	2
Cardiac Surgery	0		Physical Medicine and Rehabilitation	0
Cardiology	5		Physician's Assistant	2
Certified Clinical Nurse Specialist	0		Pulmonary Disease	0
Colorectal Surgery (Proctology)	1		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	1
Emergency Medicine	1		Urology	5
Endocrinology	1		Vascular Surgery	2
Gastroenterology	4			
General Practice	0			
Geriatric Medicine	0			
Gynecological Oncology	0			
Hand Surgery	2			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	3			
Neurosurgery	8			
Nurse Practitioner	0			
Obstetrics/Gynecology	5			
Orthopedic Surgery	2			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
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Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X086 N=45				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	5		Pediatric Medicine	2
Cardiac Surgery	0		Physical Medicine and Rehabilitation	0
Cardiology	5		Physician's Assistant	1
Certified Clinical Nurse Specialist	0		Pulmonary Disease	0
Colorectal Surgery (Proctology)	1		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	0
Emergency Medicine	0		Urology	5
Endocrinology	1		Vascular Surgery	2
Gastroenterology	4			
General Practice	0			
Geriatric Medicine	0			
Gynecological Oncology	0			
Hand Surgery	2			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	3			
Neurosurgery	6			
Nurse Practitioner	0			
Obstetrics/Gynecology	4			
Orthopedic Surgery	2			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
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Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X087 N=77				
Anesthesiology	1		Pain Management	1
Cardiac Electrophysiology	4		Pediatric Medicine	6
Cardiac Surgery	2		Physical Medicine and Rehabilitation	1
Cardiology	2		Physician's Assistant	6
Certified Clinical Nurse Specialist	1		Pulmonary Disease	0
Colorectal Surgery (Proctology)	2		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	0
Emergency Medicine	1		Urology	12
Endocrinology	1		Vascular Surgery	1
Gastroenterology	3			
General Practice	2			
Geriatric Medicine	6			
Gynecological Oncology	1			
Hand Surgery	5			
Hospice & Palliative Care	1			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	5			
Neurosurgery	6			
Nurse Practitioner	1			
Obstetrics/Gynecology	3			
Orthopedic Surgery	2			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
PRESENTER(S): Steve Sentovich, MD, Richard Wright, MD
Amy Ahasic, MD, Suzanne Berman, MD, Lisa Price, MD,
Korinne Van Keuren, DNP and Ed Tuohy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X088 N=89				
Anesthesiology	1		Pain Management	1
Cardiac Electrophysiology	5		Pediatric Medicine	7
Cardiac Surgery	2		Physical Medicine and Rehabilitation	2
Cardiology	4		Physician's Assistant	7
Certified Clinical Nurse Specialist	1		Pulmonary Disease	0
Colorectal Surgery (Proctology)	1		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	1
Emergency Medicine	1		Urology	11
Endocrinology	3		Vascular Surgery	2
Gastroenterology	4			
General Practice	2			
Geriatric Medicine	6			
Gynecological Oncology	1			
Hand Surgery	5			
Hospice & Palliative Care	1			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	5			
Neurosurgery	6			
Nurse Practitioner	2			
Obstetrics/Gynecology	4			
Orthopedic Surgery	3			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
SPECIALTY SOCIETIES: See Attachment #1
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X089 N=86				
Anesthesiology	1		Pain Management	1
Cardiac Electrophysiology	5		Pediatric Medicine	8
Cardiac Surgery	0		Physical Medicine and Rehabilitation	2
Cardiology	7		Physician's Assistant	6
Certified Clinical Nurse Specialist	1		Pulmonary Disease	0
Colorectal Surgery (Proctology)	1		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	1
Emergency Medicine	1		Urology	10
Endocrinology	3		Vascular Surgery	3
Gastroenterology	4			
General Practice	1			
Geriatric Medicine	0			
Gynecological Oncology	1			
Hand Surgery	5			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	6			
Neurosurgery	8			
Nurse Practitioner	2			
Obstetrics/Gynecology	5			
Orthopedic Surgery	3			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X090 N=70				
Anesthesiology	1		Pain Management	1
Cardiac Electrophysiology	4		Pediatric Medicine	6
Cardiac Surgery	0		Physical Medicine and Rehabilitation	2
Cardiology	7		Physician's Assistant	4
Certified Clinical Nurse Specialist	0		Pulmonary Disease	0
Colorectal Surgery (Proctology)	1		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	1
Emergency Medicine	0		Urology	10
Endocrinology	3		Vascular Surgery	3
Gastroenterology	4			
General Practice	1			
Geriatric Medicine	0			
Gynecological Oncology	0			
Hand Surgery	4			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	5			
Neurosurgery	6			
Nurse Practitioner	0			
Obstetrics/Gynecology	4			
Orthopedic Surgery	2			
Otolaryngology	0			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CPT Code 9X091 N=64				
Anesthesiology	1		Pain Management	0
Cardiac Electrophysiology	4		Pediatric Medicine	7
Cardiac Surgery	1		Physical Medicine and Rehabilitation	1
Cardiology	4		Physician's Assistant	5
Certified Clinical Nurse Specialist	1		Pulmonary Disease	0
Colorectal Surgery (Proctology)	1		Sleep Medicine	0
Critical Care (Intensivists)	0		Thoracic Surgery	0
Emergency Medicine	0		Urology	9
Endocrinology	1		Vascular Surgery	2
Gastroenterology	3			
General Practice	0			
Geriatric Medicine	0			
Gynecological Oncology	1			
Hand Surgery	7			
Hospice & Palliative Care	0			
Interventional Cardiology	0			
Interventional Pain Management	1			
Neurology	4			
Neurosurgery	6			
Nurse Practitioner	0			
Obstetrics/Gynecology	4			
Orthopedic Surgery	1			
Otolaryngology	0			

	A	B	D	E	F	G	H	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2						99202		9X075		99203		9X076		99204		9X077		99205		9X078		99212		9X079		99213		9X080	
3		*RUC Collaboration Website*		SURVEY DATA		*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*		22 Minutes (N=46) Audio/Video New Patient Straightforward		*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*		17 Minutes (N=58) Audio/Video New Patient Low		*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*		18 Minutes (N=86) Audio/Video New Patient Moderate		*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*		20 Minutes (N=76) Audio/Video New Patient High		*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*		13 Minutes (N=87) Audio/Video Established Straightforward		*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*		14 Minutes (N=114) Audio/Video Established Low	
4	Clinical Activity Code	**Meeting Date: April 2023** **Revision Date (if applicable):** **Tab: 6 Telemedicine Evaluation and Management Services** **Specialty: See PE SOR**	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**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		**TOTAL CLINICAL STAFF TIME**	L037D			**34**	**0**	**13**	**0**	**43**	**0**	**14**	**0**	**54**	**0**	**18**	**0**	**67**	**0**	**20**	**0**	**28**	**0**	**12**	**0**	**36**	**0**	**13**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**2**	**0**	**2**	**0**	**4**	**0**	**2**	**0**	**6**	**0**	**2**	**0**	**10**	**0**	**3**	**0**	**2**	**0**	**2**	**0**	**4**	**0**	**2**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**29**	**0**	**8**	**0**	**34**	**0**	**9**	**0**	**41**	**0**	**11**	**0**	**46**	**0**	**12**	**0**	**24**	**0**	**7**	**0**	**27**	**0**	**8**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**3**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**7**	**0**	**5**	**0**	**11**	**0**	**5**	**0**	**2**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		**PRE-SERVICE PERIOD**																											
14		**Start: Following visit when decision for surgery/procedure made**																											
23	CA048		L037D			2		2		4		2		6		2		10		3		2		2		4		2	
26		*Other activity: please include short clinical description here and type*	L037D																										
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	CA049		L037D			1		1		2		1		3		1		5		1		1		1		2		1	
34	CA009		L037D			3				3				3				3				3				3			
35	CA009	~~Greet patient, provide gowning,~~ Ensure appropriate medical records are available	L037D					2				2				2				2				2				2	
36	CA010		L037D			5				5				5				5				5				5			
37	CA011		L037D																										
39	CA013		L037D			2				2				2				2				2				2			
40	CA013	~~Prepare room, equipment and supplies~~ Prepare patient for the visit (i.e. check audio and/or visual)	L037D					2				2				2				2				2				2	
43	CA016		L037D			2				2				2				2				2				2			
45	CA050		L037D			10		2		12		2		14		2		14		2		5		1		5		1	
48		*Other activity: please include short clinical description here and type*	L037D																										
51		**Intra-service (of service period)**																											
54	CA020		L037D											1				2											
58			L037D																										
59		*Other activity: please include short clinical description here and type*	L037D																										
62		**Post-Service (of service period)**																											
63	CA051		L037D			3		1		3		1		5		2		5		2		3		1		3		1	
66	CA024		L037D			3				3				3				3				3				3			
79	CA052		L037D					0		2		1		3		2		5		3				0		2		1	
82		*Other activity: please include short clinical description here and type*	L037D																										
85		**End: Patient leaves office/facility**																											
86		**POST-SERVICE PERIOD**																											
87		**Start: Patient leaves office/facility**																											
88	CA037		L037D			3		3		5		3		7		5		11		5		2		3		5		3	
89	CA038		L037D																										
96	CA039		L037D			**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**
97			L037D																										
100		*Other activity: please include short clinical description here and type*	L037D																										
103		**End: with last office visit before end of global period**																											

	A	B	D	E	F	G	H	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2						**99202**		**9X075**		**99203**		**9X076**		**99204**		**9X077**		**99205**		**9X078**		**99212**		**9X079**		**99213**		**9X080**	
3		***RUC Collaboration Website***		**SURVEY DATA**		*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*		**22 Minutes (N=46)** Audio/Video New Patient Straightforward		*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*		**17 Minutes (N=58)** Audio/Video New Patient Low		*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*		**18 Minutes (N=86)** Audio/Video New Patient Moderate		*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*		**20 Minutes (N=76)** Audio/Video New Patient High		*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*		**13 Minutes (N=87)** Audio/Video Established Straightforward		*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*		**14 Minutes (N=114)** Audio/Video Established Low	
4	**Clinical Activity Code**	**Meeting Date: April 2023** **Revision Date (if applicable):** **Tab: 6 Telemedicine Evaluation and Management Services** **Specialty: See PE SOR**	**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**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		**TOTAL CLINICAL STAFF TIME**	L037D			**34**	**0**	**13**	**0**	**43**	**0**	**14**	**0**	**54**	**0**	**18**	**0**	**67**	**0**	**20**	**0**	**28**	**0**	**12**	**0**	**36**	**0**	**13**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**2**	**0**	**2**	**0**	**4**	**0**	**2**	**0**	**6**	**0**	**2**	**0**	**10**	**0**	**3**	**0**	**2**	**0**	**2**	**0**	**4**	**0**	**2**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**29**	**0**	**8**	**0**	**34**	**0**	**9**	**0**	**41**	**0**	**11**	**0**	**46**	**0**	**12**	**0**	**24**	**0**	**7**	**0**	**27**	**0**	**8**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**3**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**7**	**0**	**5**	**0**	**11**	**0**	**5**	**0**	**2**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
104	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**																									
105		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
106	SA047					1		0		1		0		1		0		1		0		1		0		1		0	
107	SM022					1		0		1		0		1		0		1		0		1		0		1		0	
108																													
114	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																								
115		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
116	EQ189			Office Visits		29		0		34		0		41		0		46		0		24		0		27		0	
117	EF048			Other Formula		2		0		2		0		2		0		2		0		2		0		2		0	
118	EF023			Office Visits		29		0		34		0		41		0		46		0		24		0		27		0	
119				Other Formula																									

	A	B	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH
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		CURRENT	
2			99214		9X081		99215		9X082		99202		9X083		99203		9X084		99204		9X085		99205		9X086		99212		99441	
3		*RUC Collaboration Website*	*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*		**19 Minutes (N=127)** Audio/Video Established Moderate		*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*		**19 Minutes (N=102)** Audio/Video Established High		*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*		**17 Minutes (N=37)** Audio Only New Patient Straightforward		*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*		**16 Minutes (N=43)** Audio Only New Patient Low		*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*		**16 Minutes (N=51)** Audio Only New Patient Moderate		*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*		**21 Minutes (N=45)** Audio Only New Patient High		*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*		*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*	
4	Clinical Activity Code	**Meeting Date: April 2023 Revision Date (if applicable): Tab: 6 Telemedicine Evaluation and Management Services Specialty: See PE SOR**																												
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**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		**TOTAL CLINICAL STAFF TIME**	**51**	**0**	**18**	**0**	**62**	**0**	**19**	**0**	**34**	**0**	**11**	**0**	**43**	**0**	**12**	**0**	**54**	**0**	**16**	**0**	**67**	**0**	**18**	**0**	**28**	**0**	**28**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5**	**0**	**2**	**0**	**7**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**4**	**0**	**2**	**0**	**6**	**0**	**2**	**0**	**10**	**0**	**3**	**0**	**2**	**0**	**3**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**40**	**0**	**11**	**0**	**45**	**0**	**12**	**0**	**29**	**0**	**6**	**0**	**34**	**0**	**7**	**0**	**41**	**0**	**9**	**0**	**46**	**0**	**10**	**0**	**24**	**0**	**23**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**5**	**0**	**10**	**0**	**5**	**0**	**3**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**7**	**0**	**5**	**0**	**11**	**0**	**5**	**0**	**2**	**0**	**2**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		**PRE-SERVICE PERIOD**																												
14		**Start: Following visit when decision for surgery/procedure made**																												
23	CA048		5		2		7		2		2		2		4		2		6		2		10		3		2			
26		*Other activity: please include short clinical description here and type*																												
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	CA049		3		1		4		1		1		1		2		1		3		1		5		1		1			
34	CA009		3				3				3				3				3				3				3		3	
35	CA009	~~Greet patient, provide gowning,~~ Ensure appropriate medical records are available			2				2				2				2				2				2					
36	CA010		5				5				5				5				5				5				5		5	
37	CA011																													
39	CA013		2				2				2				2				2				2				2		2	
40	CA013	~~Prepare room, equipment and supplies~~ Prepare patient for the visit (i.e. check audio and/or visual)			2				2				0				0				0				0					
43	CA016		2				2				2				2				2				2				2		2	
45	CA050		13		2		14		2		10		2		12		2		14		2		14		2		5			
48		*Other activity: please include short clinical description here and type*																												
51		**Intra-service (of service period)**																												
54	CA020		1				2												1				2							
58																														
59		*Other activity: please include short clinical description here and type*																												
62		**Post-Service (of service period)**																												
63	CA051		5		2		5		2		3		1		3		1		5		2		5		2		3			
66	CA024		3				3				3				3				3				3				3		3	
79	CA052		3		2		5		3				0		2		1		3		2		5		3					
82		*Other activity: please include short clinical description here and type*																												
85		**End: Patient leaves office/facility**																												
86		**POST-SERVICE PERIOD**																												
87		**Start: Patient leaves office/facility**																												
88	CA037		6		5		10		5		3		3		5		3		7		5		11		5		2		2	
89	CA038																													
96	CA039		**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**	**0.0**	**0.0**	**0.0**
97																														
100		*Other activity: please include short clinical description here and type*																												
103		**End: with last office visit before end of global period**																												

	A	B	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH
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**		**CURRENT**	
2			**99214**		**9X081**		**99215**		**9X082**		**99202**		**9X083**		**99203**		**9X084**		**99204**		**9X085**		**99205**		**9X086**		**99212**		**99441**	
3		***RUC Collaboration Website***	*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*		**19 Minutes (N=127)** Audio/Video Established Moderate		*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*		**19 Minutes (N=102)** Audio/Video Established High		*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*		**17 Minutes (N=37)** Audio Only New Patient Straightforward		*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*		**16 Minutes (N=43)** Audio Only New Patient Low		*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*		**16 Minutes (N=51)** Audio Only New Patient Moderate		*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*		**21 Minutes (N=45)** Audio Only New Patient High		*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*		*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*	
4	**Clinical Activity Code**	**Meeting Date: April 2023** **Revision Date (if applicable):** **Tab: 6 Telemedicine Evaluation and Management Services** **Specialty: See PE SOR**																												
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**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		**TOTAL CLINICAL STAFF TIME**	**51**	**0**	**18**	**0**	**62**	**0**	**19**	**0**	**34**	**0**	**11**	**0**	**43**	**0**	**12**	**0**	**54**	**0**	**16**	**0**	**67**	**0**	**18**	**0**	**28**	**0**	**28**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5**	**0**	**2**	**0**	**7**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**4**	**0**	**2**	**0**	**6**	**0**	**2**	**0**	**10**	**0**	**3**	**0**	**2**	**0**	**3**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**40**	**0**	**11**	**0**	**45**	**0**	**12**	**0**	**29**	**0**	**6**	**0**	**34**	**0**	**7**	**0**	**41**	**0**	**9**	**0**	**46**	**0**	**10**	**0**	**24**	**0**	**23**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**5**	**0**	**10**	**0**	**5**	**0**	**3**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**7**	**0**	**5**	**0**	**11**	**0**	**5**	**0**	**2**	**0**	**2**	**0**
104	**Supply Code**	**MEDICAL SUPPLIES**																												
105		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
106	SA047		1		0		1		0		1		0		1		0		1		0		1		0		1		1	
107	SM022		1		0		1		0		1		0		1		0		1		0		1		0		1		1	
108																														
114	**Equipment Code**	**EQUIPMENT**																												
115		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
116	EQ189		40		0		45		0		**29**		0		34		0		41		0		46		0		24		24	
117	EF048		2		0		2		0		**2**		0		2		0		2		0		2		0		2		2	
118	EF023		40		0		45		0		**29**		0		34		0		41		0		46		0		24		24	
119																														

	A	B	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF
1	RUC Practice Expense Spreadsheet		CURRENT		CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		CURRENT	
2			99442		99443		9X087		99213		9X088		99214		9X089		99215		9X090		99212		9X091		G2012	
3		*RUC Collaboration Website*	*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*		*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*		16 Minutes (N=77) Audio Only Established Straightforward		*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*		16 Minutes (N=89) Audio Only Established Low		*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*		17 Minutes (N=86) Audio Only Established Moderate		*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*		18 Minutes (N=70) Audio Only Established High		*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*		14 Minutes (N=65) Virtual Check In		*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*	
4	Clinical Activity Code	**Meeting Date: April 2023** **Revision Date (if applicable):** **Tab: 6 Telemedicine Evaluation and Management Services** **Specialty: See PE SOR**																								
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**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		**TOTAL CLINICAL STAFF TIME**	**36**	**0**	**51**	**0**	**10**	**0**	**36**	**0**	**11**	**0**	**51**	**0**	**15**	**0**	**62**	**0**	**17**	**0**	**28**	**0**	**3**	**0**	**3**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**8**	**0**	**2**	**0**	**4**	**0**	**2**	**0**	**5**	**0**	**2**	**0**	**7**	**0**	**2**	**0**	**2**	**0**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**23**	**0**	**34**	**0**	**5**	**0**	**27**	**0**	**6**	**0**	**40**	**0**	**8**	**0**	**45**	**0**	**10**	**0**	**24**	**0**	**0**	**0**	**0**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**7**	**0**	**9**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**6**	**0**	**5**	**0**	**10**	**0**	**5**	**0**	**2**	**0**	**3**	**0**	**3**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		**PRE-SERVICE PERIOD**																								
14		**Start: Following visit when decision for surgery/procedure made**																								
23	CA048						2		4		2		5		2		7		2		2					
26		*Other activity: please include short clinical description here and type*																								
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	CA049						1		2		1		3		1		4		1		1					
34	CA009		3		3				3				3				3				3					
35	CA009	~~Greet patient, provide gowning,~~ Ensure appropriate medical records are available					2				2				2				2							
36	CA010		5		5				5				5				5				5					
37	CA011																									
39	CA013		2		2				2				2				2				2					
40	CA013	~~Prepare room, equipment and supplies~~ Prepare patient for the visit (i.e. check audio and/or visual)					0				0				0				0							
43	CA016		2		2				2				2				2				2					
45	CA050						1		5		1		13		1		14		2		5					
48		*Other activity: please include short clinical description here and type*																								
51		**Intra-service (of service period)**																								
54	CA020				1								1				2									
58																										
59		*Other activity: please include short clinical description here and type*																								
62		**Post-Service (of service period)**																								
63	CA051						1		3		1		5		2		5		2		3					
66	CA024		3		3				3				3				3				3					
79	CA052						0		2		1		3		2		5		3							
82		*Other activity: please include short clinical description here and type*																								
85		**End: Patient leaves office/facility**																								
86		**POST-SERVICE PERIOD**																								
87		**Start: Patient leaves office/facility**																								
88	CA037		7		9		3		5		3		6		5		10		5		2		3			
89	CA038																								3	
96	CA039		**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**
97																										
100		*Other activity: please include short clinical description here and type*																								
103		**End: with last office visit before end of global period**																								

	A	B	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**	
2			**99442**		**99443**		**9X087**		**99213**		**9X088**		**99214**		**9X089**		**99215**		**9X090**		**99212**		**9X091**		**G2012**	
3		***RUC Collaboration Website***	*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*		*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*		**16 Minutes (N=77)**		*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*		**16 Minutes (N=89)**		*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*		**17 Minutes (N=86)**		*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*		**18 Minutes (N=70)**		*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*		**14 Minutes (N=65)**		*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*	
4	**Clinical Activity Code**	**Meeting Date: April 2023 Revision Date (if applicable): Tab: 6 Telemedicine Evaluation and Management Services Specialty: See PE SOR**					Audio Only Established Straightforward				Audio Only Established Low				Audio Only Established Moderate				Audio Only Established High				Virtual Check In			
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**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		**TOTAL CLINICAL STAFF TIME**	**36**	**0**	**51**	**0**	**10**	**0**	**36**	**0**	**11**	**0**	**51**	**0**	**15**	**0**	**62**	**0**	**17**	**0**	**28**	**0**	**3**	**0**	**3**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**8**	**0**	**2**	**0**	**4**	**0**	**2**	**0**	**5**	**0**	**2**	**0**	**7**	**0**	**2**	**0**	**2**	**0**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**23**	**0**	**34**	**0**	**5**	**0**	**27**	**0**	**6**	**0**	**40**	**0**	**8**	**0**	**45**	**0**	**10**	**0**	**24**	**0**	**0**	**0**	**0**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**7**	**0**	**9**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**6**	**0**	**5**	**0**	**10**	**0**	**5**	**0**	**2**	**0**	**3**	**0**	**3**	**0**
104	**Supply Code**	**MEDICAL SUPPLIES**																								
105		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
106	SA047		1		1		0		1		0		1		0		1		0		1		0			
107	SM022		1		1		0		1		0		1		0		1		0		1		0			
108																										
114	**Equipment Code**	**EQUIPMENT**																								
115		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
116	EQ189		27		40		0		27		0		40		0		45		0		24		0			
117	EF048		2		2		0		2		0		2		0		2		0		2		0			
118	EF023		27		40		0		27		0		40		0		45		0		24		0			
119																										

CPT Code	2023 Long Descriptor	2023 Work RVU	Global
93042	Rhythm ECG, 1-3 leads; interpretation and report only	0.15	XXX
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	0.17	XXX
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	0.18	XXX
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	0.21	XXX
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	0.24	XXX
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)	0.25	XXX
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	0.28	XXX
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	0.30	XXX
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	0.37	XXX
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	0.39	XXX
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	0.43	XXX
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)	0.45	XXX
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	0.53	XXX
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	0.59	XXX
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.	0.70	XXX
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	0.74	XXX
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	XXX
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	0.80	XXX

CPT Code	2023 Long Descriptor	2023 Work RVU	Global
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	0.84	XXX
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.	0.93	XXX
99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.	1.00	XXX
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	XXX
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	1.15	XXX
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.	1.30	XXX
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;	1.46	XXX
99238	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	1.50	XXX
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	1.54	XXX
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	1.59	XXX
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.	1.60	XXX
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.	1.63	XXX
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	1.75	XXX
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.	1.81	XXX
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.	1.92	XXX
99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.	2.00	XXX
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	2.13	XXX
99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	2.15	XXX
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	2.25	XXX
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.	2.40	XXX

CPT Code	2023 Long Descriptor	2023 Work RVU	Global
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2.50	XXX
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.	2.60	XXX
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.	2.80	XXX
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	3.24	XXX
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.	3.50	XXX
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter.	3.84	XXX
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	4.50	XXX

The American Medical
Association/Specialty Society
RVS Update Committee

Physician Work and Direct Practice Expense RVS Update Survey

For ***CPT 2025***, the CPT Editorial Panel has approved extensive changes for the**telemedicine evaluation and management (E/M) services**. You have been selected to participate in an AMA/Specialty Society RVS Update Committee (RUC) survey to review both physician work and practice expense details for this set of codes. As you may know, the components of the Medicare physician payment schedule are physician work, practice expense and professional liability insurance. This survey will help our society, in concert with the RUC, recommend accurate physician work relative value units (RVUs) and direct practice expense details to the Centers for Medicare & Medicaid Services for these services.

There are two parts to this survey: (1) physician work; and (2) office-related direct practice expense. When you get to the practice expense section of this survey, please be prepared to work with your clinical staff and practice manager. Keep in mind that you can stop this survey at any time and come back to it at a later time to continue. All information that you provide is maintained – you do not need to start over again.

Important: All references to "physician" in this survey include both "physician"and "other qualified health care professional" (ie, advanced practice nurse or physician assistant).

Please indicate the specialty society that selected you for this survey. If two or more societies invited you to participate, choose only one primary specialty society from the list below and only complete this survey once:

The following information must be provided by the physician responsible for completing the questionnaire:

Contact Information:

Physician name:

Business name:

Business phone (e.g.; xxx-xxx-xxxx)

Please provide your Email address:

Please re-enter your same Email address for verification:

Physician Specialty:

Primary geographic practice setting:

- ◯ Rural
- ◯ Suburban
- ◯ Urban

Primary type of practice:

- ◯ Solo practice
- ◯ Single specialty group
- ◯ Multispecialty group

- Multispecialty group
- Medical school faculty practice plan

Financial Disclosure:

Please answer the following questions by checking yes or no.

For the following questions, please indicate whether you and/or a "Family Member" (spouse, domestic partner, parent, child, brother, or sister) have a known, direct financial interest in this/these procedure(s), other than providing these services in the course of patient care. Disclosure of Family Member's interests applies to the extent known by the survey respondent.

For the purposes of this survey, "Organization" means any entity that makes or distributes the service or product that is utilized in performing the service for which the RUC is considering relative value recommendations. Organization does *not* mean the physician group or facility in which you or such person's family member works or performs the service.

"Materially" or "Material" means at least $10,000, excluding any reimbursement for travel expenses, to your income or such person's family member's income in the past 24 months or as reasonably anticipated in the next 24 months.

	Yes	No
Ownership interest of 5% or more in an organization with an interest in the development of relative value recommendations that are before the RUC:	◯	◯
Financial interest in an organization with an interest in the development of relative value recommendations that are before the RUC which contributed "Materially" (i.e., at least $10,000 *excluding any reimbursement for travel expenses*) to the subject person's income in the past 24 months or as reasonably anticipated in the next 24 months:	◯	◯
Ownership of stock options in an organization that is related to the issue before the RUC:	◯	◯
A position as proprietor, director, managing partner, or key employee in an organization with an interest in the development of relative value recommendations that are before the RUC:	◯	◯
A role as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization or participation in a clinical trial with an interest in the development of relative value recommendations that are before the RUC and where payment contributes materially to the subject person's income:	◯	◯
Any other interest that a reasonable person would consider relevant to or potentially impacting the judgment or decisions of the disclosing individual in the context of RUC business:	◯	◯

Additional Disclosure

Have you been contacted by anyone <u>other than</u> your specialty society, other specialty societies sponsoring this survey (or any of their representatives) or the American Medical Association with respect to this survey?

SURVEY PART 1 - PHYSICIAN WORK

General Background for Questions 1-6

IMPORTANT: Please review the full CPT language for telemedicine evaluation and management (E/M) services (new CPT codes 9X075-9X082; 9X083-9X090; 9X091) prior to completing this survey. Based on coding changes, the code level selection for 9X075-9X082, 9X083-9X090 will either be based solely on: (1) Medical Decision Making (MDM) or (2) Total Time on the date of the encounter. Minimum time on the date of encounter will be added to the CPT Descriptors based on the final survey data. The Audio-Only codes 9X083-9X090 require more than 10 minutes of medical discussion. Code 9X091, the "virtual check-in", is based solely on medical discussion time and the time is a fixed part of the code descriptor. A link to the new telemedicine E/M services CPT guidelines and code descriptors is located throughout the survey and was also sent in your email invitation. It is important that you review all the new guidelines to fully understand the coding changes prior to completing this survey. It may be helpful to print out this information for reference as you complete the survey.

Click here to view the new CPT guidelines and code descriptors for telemedicine E/M services. These codes have substantial revisions; it is critical that you review the full language in detail before completing the survey and refer back to it while completing this survey.

Either MDM or Total Time may be used to report telemedicine E/M services codes. When total time on the date of encounter is used to select the appropriate level of the telemedicine E/M service code, ALL time personally spent by the physician (or other qualified health care professional that is reporting the telemedicine E/M service) assessing and managing the patient on that date is summed to select the appropriate code.

In addition, for this survey, your physician time and physician work estimates SHOULD ALSO incorporate your typical work and time on the date of the encounter AND within three calendar days prior to the telemedicine E/M service and within seven calendar days after the day of the telemedicine E/M service, but do not include time or work for services that are separately reportable.

Please note that Part 2 of this survey is intended to capture practice expense when the physician or other QHP is providing the service from the non-facility setting (e.g. the physician office). When you get to the practice expense section of this survey please be prepared to work with your clinical staff and practice manager.

Have you reviewed the new CPT guidelines and code descriptors for the new telemedicine E/M services CPT codes 9X075-9X082; 9X083-9X090; 9X091 in detail? Understanding this information is necessary to correctly complete this survey.

○ **I confirm that I have reviewed the new CPT guidelines and code descriptors in detail.**

Do you perform telemedicine E/M services for new patients, established patients or both? Your response to this question will impact which telemedicine E/M survey codes are displayed to you throughout the rest of the survey.

○ I perform telemedicine E/M service for **New Patients Only**
○ I perform telemedicine E/M service for **Established Patients Only**
○ I perform telemedicine E/M service for **BOTH New and Established Patients**
○ I do not provide telemedicine E/M service

IMPORTANT: Please check CPT codes for telemedicine E/M services that you have experience performing or are familiar with. You will be surveyed about each code you select. (*Note, by default, all codes are already selected and you will need to deselect any code you do not wish to survey.)*

Note: If you think the typical patient described for each code does not represent your typical patient, please do the following:
1) Complete the survey using the typical patient described rather than your typical patient AND
2) Explain for our information, how your typical patient differs in the space provided.

Even if your typical patient is different you may still complete the survey, as long as you are able to consider the time and work for using the typical patient we provided.

Once you have made your selection(s), please click the "Next" button below to continue.

☑ **CPT code: 9X075**
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and STRAIGHTFORWARD medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for a new patient with a self-limited problem.

☑ **CPT code: 9X076**
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and LOW medical

decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.

- [x] CPT code: 9X077
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and MODERATE medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

- [x] CPT code: 9X078
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and HIGH medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for a new patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

- [x] CPT code: 9X079
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and STRAIGHTFORWARD medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a self-limited problem.

- [x] CPT code: 9X080
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and LOW medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

- [x] CPT code: 9X081
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and MODERATE medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

- [x] CPT code: 9X082
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and HIGH medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

- [x] CPT code: 9X083
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, STRAIGHTFORWARD medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a self-limited problem.

- [x] CPT code: 9X084
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, LOW medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.

- [x] CPT code: 9X085
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, MODERATE medical decision making, and more than 10 minutes of medical discussion.

making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

- [x] **CPT code: 9X086**
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, HIGH medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

- [x] **CPT code: 9X087**
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, STRAIGHTFORWARD medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for an established patient with a self-limited problem.

- [x] **CPT code: 9X088**
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, LOW medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

- [x] **CPT code: 9X089**
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, MODERATE medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

- [x] **CPT code: 9X090**
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, HIGH medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for an established patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

- [x] **CPT code: 9X091**
Descriptor: Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.
Global: XXX
Typical Patient: An established patient contacts the office to request an evaluation regarding the necessity of being seen for symptoms of concern to the patient.

Are <u>your</u> typical patient(s) for the following service(s) similar to the typical patient(s) described below?

CPT code: 9X075
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and STRAIGHTFORWARD medical decision making.
Global: XXX

Typical Patient: Synchronous audio-video visit for a new patient with a self-limited problem.

- ◯ **Yes**
- ◯ **No**

CPT code: 9X076
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and LOW medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.

CPT code: 9X077
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and MODERATE medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

CPT code: 9X078
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and HIGH medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for a new patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a

CPT code: 9X079
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and STRAIGHTFORWARD medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a self-limited problem.

CPT code: 9X080
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and LOW medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a stable chronic illness or

CPT code: 9X081
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and MODERATE medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a progressing illness or

CPT code: 9X082
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and HIGH medical decision making.
Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a chronic illness with severe

CPT code: 9X083
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, STRAIGHTFORWARD medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a self-limited problem.

CPT code: 9X084

CPT code: 9X084
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, LOW medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a stable chronic illness or acute

CPT code: 9X085
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, MODERATE medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a progressing illness or acute injury

CPT code: 9X086
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, HIGH medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a chronic illness with severe

CPT code: 9X087
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, STRAIGHTFORWARD medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for an established patient with a self-limited problem.

CPT code: 9X088
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, LOW medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for an established patient with a stable chronic illness or

CPT code: 9X089
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, MODERATE medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for an established patient with a progressing illness or acute

CPT code: 9X090
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, HIGH medical decision making, and more than 10 minutes of medical discussion.
Global: XXX
Typical Patient: Synchronous audio-only visit for an established patient with a chronic illness with severe

CPT code: 9X091
Descriptor: Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.
Global: XXX

Please keep in mind that all references to "physician" in this survey include both "physician" and "other qualified health care professional" (ie, advanced practice nurse or physician assistant).

PHYSICIAN WORK

“Physician work” includes the following elements:

• Physician time it takes to perform the service
• Physician mental effort and judgment
• Physician technical skill and physical effort, and
• Physician psychological stress that occurs when an adverse outcome has serious consequences

These elements will be explained in greater detail as you complete this survey.

“Physician work” does **not** include the services provided by support staff who are employed by your practice and cannot bill separately, including registered nurses, licensed practical nurses, medical assistants, receptionists, or technicians. Clinical staff activities are included in Part 2 of this survey (practice expense). **Questions 1-6 only pertain to physician work.**

Background for Question 1: Reference Service List

Below is a list of reference services that have been selected for use as comparison services for this survey because their relative values are sufficiently accurate and stable to compare with other services. The "Work RVU" column presents current Medicare RBRVS work RVUs (relative value units). Select one code that is most similar to the survey CPT code and typical patient described at the beginning of the survey.

XXX A global period does not apply to the code and other diagnostic tests or minor services performed, may be reported separately on the same day

Please click here and print a pdf version of the XXX reference service list for codes

CPT Code	2023 Long Descriptor	2023 Work RVU	Global
93042	Rhythm ECG, 1-3 leads; interpretation and report only	0.15	XXX
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	0.17	XXX
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	0.18	XXX
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	0.21	XXX
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	0.24	XXX
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)	0.25	XXX
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	0.28	XXX
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	0.30	XXX
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	0.37	XXX

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	0.39	XXX
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	0.43	XXX
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)	0.45	XXX
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	0.53	XXX
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	0.59	XXX
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.	0.70	XXX
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	0.74	XXX
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	XXX
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	0.80	XXX
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	0.84	XXX
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.	0.93	XXX
99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.	1.00	XXX
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	XXX
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	1.15	XXX
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.	1.30	XXX
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;	1.46	XXX
99238	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	1.50	XXX
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	1.54	XXX
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	1.59	XXX
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.	1.60	XXX
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.	1.63	XXX
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	1.75	XXX
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	1.81	XXX

	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.		
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.	1.92	XXX
99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.	2.00	XXX
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	2.13	XXX
99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	2.15	XXX
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	2.25	XXX
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.	2.40	XXX
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2.50	XXX
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.	2.60	XXX
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.	2.80	XXX
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	3.24	XXX
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.	3.50	XXX
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter.	3.84	XXX
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	4.50	XXX

Question 1

When considering physician work, which of the reference services on the list above is most

When considering physician work, which of the reference services on the list above is most similar to the Survey CPT code(s) and typical patient(s)?

Select your answer(s) in the dropdown box(es) below.

Survey Code: 9X075
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and STRAIGHTFORWARD medical decision making.
Typical Patient: Synchronous audio-video visit for a new patient with a self-limited problem.

Survey Code: 9X076
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and LOW medical decision making.
Typical Patient: Synchronous audio-video visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.

Survey Code: 9X077
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and MODERATE medical decision making.
Typical Patient: Synchronous audio-video visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Survey Code: 9X078
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination and HIGH medical decision making.
Typical Patient: Synchronous audio-video visit for a new patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

Survey Code: 9X079
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and STRAIGHTFORWARD medical decision making.
Typical Patient: Synchronous audio-video visit for an established patient with a self-limited problem.

Survey Code: 9X080

Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and LOW medical decision making.
Typical Patient: Synchronous audio-video visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

Survey Code: 9X081
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and MODERATE medical decision making.
Typical Patient: Synchronous audio-video visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Survey Code: 9X082
Descriptor: Synchronous AUDIO-VIDEO visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination and HIGH medical decision making.
Typical Patient: Synchronous audio-video visit for an established patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

Survey Code: 9X083
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, STRAIGHTFORWARD medical decision making, and more than 10 minutes of medical discussion.
Typical Patient: Synchronous audio-only visit for a new patient with a self-limited problem.

Survey Code: 9X084
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, LOW medical decision making, and more than 10 minutes of medical discussion.
Typical Patient: Synchronous audio-only visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.

Survey Code: 9X085
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, MODERATE medical decision making, and more than 10 minutes of medical discussion.
Typical Patient: Synchronous audio-only visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Survey Code: 9X086
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of a NEW patient, which requires a medically appropriate history and/or examination, HIGH medical decision making, and more than 10 minutes of medical discussion.
Typical Patient: Synchronous audio-only visit for a new patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

Survey Code: 9X087
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, STRAIGHTFORWARD medical decision making, and more than 10 minutes of medical discussion.
Typical Patient: Synchronous audio-only visit for an established patient with a self-limited problem.

Survey Code: 9X088
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, LOW medical decision making, and more than 10 minutes of medical discussion.
Typical Patient: Synchronous audio-only visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

Survey Code: 9X089
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, MODERATE medical decision making, and more than 10 minutes of medical discussion.
Typical Patient: Synchronous audio-only visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Survey Code: 9X090
Descriptor: Synchronous AUDIO-ONLY visit for the evaluation and management of an ESTABLISHED patient, which requires a medically appropriate history and/or examination, HIGH medical decision making, and more than 10 minutes of medical discussion.
Typical Patient: Synchronous audio-only visit for an established patient with a chronic illness with severe exacerbation that poses an acute threat to life or bodily function, or an acute illness/injury that poses a threat to life or bodily function.

Survey Code: 9X091
Descriptor: Brief communication technology-based

service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.
Typical Patient: An established patient contacts the office to request an evaluation regarding the necessity of being seen for symptoms of concern to the patient.

Background for Question 2

Physician/other qualified health care professional time includes the following activities, when performed:

- preparing to see the patient (eg, review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical Information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported)

Note: DO NOT include time for work related to another service, procedure, or evaluation and management code that is separately reportable. Also, DO NOT include the time provided by clinical staff, such as RNs, LPNs, MAs and technicians, as their time is measured in a separate section of this survey. For established patients do not count time spent completing a previous E/M service as part of the time preparing for the current E/M service.

Question 2

How much physician time is required per patient treated for each of the following steps in patient care related to the survey code(s)? It is important to be as precise as possible. For example, indicate 3 or 6 minutes instead of rounding to 5 minutes or indicate 14 or 17 minutes instead of rounding to 15 minutes. Type in your answers (in minutes) in each box below.

Please refer to the definitions of physician time above.

To view the descriptor for the survey code(s), place your cursor over the symbol located above the code.

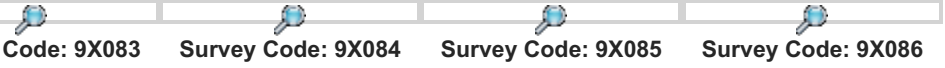
IMPORTANT: Either MDM or Total Time may be used to report telemedicine audio-visual E/M services codes 9X075-9X090. When total time on the date of encounter is used to select the appropriate level of the telemedicine E/M service code, ALL time personally spent by the physician (or other qualified health care professional that is reporting the telemedicine E/M service) assessing and managing the patient on that date is summed to select the appropriate code. Minimum time on the date of encounter will be added to the CPT Descriptors based on the final survey data. The Audio-Only codes require more than 10 minutes of medical discussion. Code 9X091 may be used to report services that do not require a video component and include 5-10 minutes of medical discussion. This code does not use total time on the date of the encounter for selection, but this survey will ask for the total time on the date of the encounter in the same manner as all the other codes.

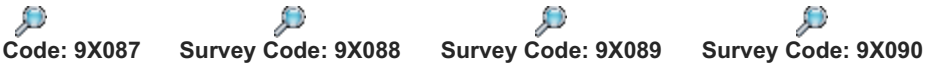
For this survey, your physician time estimates should also incorporate time you typically perform within three calendar days prior to the telemedicine E/M service and within seven calendar days after the day of the service if the time is not included in a separately reportable service.

Click here to view the new CPT guidelines and code descriptors for telemedicine E/M services.

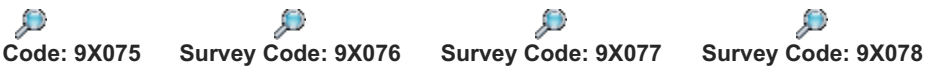
Question 2a) Physician/Qualified Health Care Professional time directly related to this telemedicine E/M service within three calendar days prior to the telemedicine E/M service (in minutes) *If not performed for this typical patient, enter 0 minutes. (Also, DO NOT include the time provided by clinical staff, such as RNs, LPNs, MAs and technicians, as their time is measured in a separate section of this survey.)*

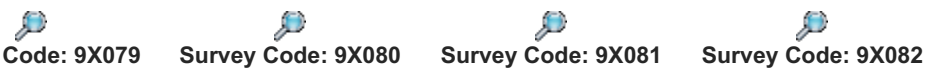
Survey Code: 9X075	Survey Code: 9X076	Survey Code: 9X077	Survey Code: 9X078
Survey Code: 9X079	Survey Code: 9X080	Survey Code: 9X081	Survey Code: 9X082
Survey Code: 9X083	Survey Code: 9X084	Survey Code: 9X085	Survey Code: 9X086

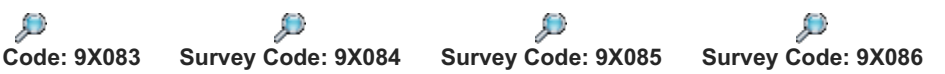




Question 2b) Physician/Qualified Health Care Professional time on the <u>calendar day</u> of the telemedicine E/M service (in minutes) *(DO NOT include the time provided by clinical staff, such as RNs, LPNs, MAs and technicians, as their time is measured in a separate section of this survey.)*







Question 2c) Physician/Qualified Health Care Professional time directly related to this telemedicine E/M service within seven calendar days after the day of the telemedicine E/M service (in minutes) *If not performed for this typical patient, enter 0 minutes. (Also, DO NOT include the time provided by clinical staff, such as*

RNs, LPNs, MAs and technicians, as their time is measured in a separate section of this survey.)

Survey Code: 9X075	Survey Code: 9X076	Survey Code: 9X077	Survey Code: 9X078

Survey Code: 9X079	Survey Code: 9X080	Survey Code: 9X081	Survey Code: 9X082

Survey Code: 9X083	Survey Code: 9X084	Survey Code: 9X085	Survey Code: 9X086

Survey Code: 9X087	Survey Code: 9X088	Survey Code: 9X089	Survey Code: 9X090

Survey Code: 9X091

Question 3

Compare INTENSITY COMPONENTS of the survey code(s) relative to the corresponding reference code(s) you selected in Question 1. Using your expertise, consider how each survey code compares directly to the corresponding reference code. For example, if you find the mental effort and judgment for the survey code is identical when compared to the corresponding reference code you chose in Question 1, select “identical” in the dropdown box below.

Click here to see background information for Question 3.

*To view the **descriptor** for the **survey code(s) and your chosen reference code(s)**, place your cursor over the symbol located next to the code number.*

You may have to scroll to the right in order to see all of the questions on this page.

Survey Code 9X075	Survey Code 9X076	Survey Code 9X077	Survey Code 9X078	Survey Code 9X079	Survey Code 9X080	Su Co 9X0

	Relative to Survey Code 9X075 Selected Reference Code	Relative to Survey Code 9X076 Selected Reference Code	Relative to Survey Code 9X077 Selected Reference Code	Relative to Survey Code 9X078 Selected Reference Code	Relative to Survey Code 9X079 Selected Reference Code	Relative to Survey Code 9X080 Selected Reference Code	Relative to Survey Code 9X08 Selected Reference Code
Mental Effort and Judgment	Relative to Selected Reference Code	Relative to Selected Reference Code	Relative to Selected Reference Code	Relative to Selected Reference Code	Relative to Selected Reference Code	Relative to Selected Reference Code	Relative to Selected Reference Code
Technical skill required							
Physical effort required							
Psychological Stress							

Question 4

Compare OVERALL intensity/complexity of all physician work you perform for the survey code(s) relative to the corresponding reference code(s) you selected in Question 1. Using your expertise, consider how each survey code compares directly to the corresponding reference code.

*To view the **descriptor** for the **survey code(s) and reference code(s)**, place your cursor over the symbol located next to the code number.*

You may have to scroll to the right in order to see all of the questions on this page.

	Survey Code 9X075 Relative to Selected Reference Code	Survey Code 9X076 Relative to Selected Reference Code	Survey Code 9X077 Relative to Selected Reference Code	Survey Code 9X078 Relative to Selected Reference Code	Survey Code 9X079 Relative to Selected Reference Code	Survey Code 9X080 Relative to Selected Reference Code	Survey Code 9X08 Relative to Selected Reference Code
Overall Intensity/Complexity for all physician work you perform for the service							

Question 5

VERY IMPORTANT: Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the survey code(s) below.

For example, if the survey code involves the same amount of physician work as the reference service you choose, you would assign the same work RVU. If the survey code involves less work than the reference service you would estimate a work RVU that is less than the work RVU of the reference service and vice versa. This methodology attempts to set the work RVU of the survey service "relative" to the work RVU of comparable and established reference services. Please keep in mind the range of work RVUs in the reference service list when providing your estimate.

IMPORTANT: Either MDM or Total Time may be used to report telemedicine evaluation and management (E/M) service codes 9X075-9X090. Time of medical discussion is used to report 9X091. When total time on the date of encounter is used to select the appropriate level of the telemedicine E/M service code, ALL time personally spent by the physician (or other qualified health care professional that is reporting the telemedicine E/M service) assessing and managing the patient on that date is summed to select the appropriate code. Minimum time on the date of encounter will be added to the CPT Descriptors based on the final survey data. The Audio-Only codes require more than 10 minutes of medical discussion.

For this survey, when you are estimating the work RVU for the new codes, you should also consider the physician work and time directly related to the telemedicine E/M service within three calendar days prior to the telemedicine E/M service and within seven calendar days after the day of the telemedicine E/M service if the work is not included in a separately reportable service.

DO NOT include work related to another service, procedure, or evaluation and management code that is separately reportable when you estimate the work RVU for the telemedicine E/M service code(s). Also, DO NOT include clinical staff time, (eg, RN, LPN, MA and technician), as clinical staff time is captured in Part 2 (practice expense) of this survey.

Click here to view the new CPT guidelines and code descriptors for telemedicine E/M services.

*To view the RVU for your **chosen reference code(s)**, please view the PDFs of the reference service lists below.*

Please click here and print a pdf version of the XXX reference service list for codes

*To view the **descriptor** for the **survey code(s) and your chosen reference code(s)**, place your cursor over the 🔎 symbol located next to the code number.*

New Patient Synchronous Audio-Video E/M Code(s)

Survey Code: 9X075	Survey Code: 9X076	Survey Code: 9X077	Survey Code: 9X078
Selected Reference Code:	Selected Reference Code:	Selected Reference Code:	Selected Reference Code:
Estimated Work RVU for Survey Code(s):			
Answer format should be #.##			

Established Patient Synchronous Audio-Video E/M Code(s)

Survey Code: 9X079	Survey Code: 9X080	Survey Code: 9X081	Survey Code: 9X082
Selected Reference Code:	Selected Reference Code:	Selected Reference Code:	Selected Reference Code:
Estimated Work RVU for Survey Code(s):			
Answer format should be #.##			

New Patient Synchronous Audio-Only E/M Code(s)

Survey Code: 9X083	Survey Code: 9X084	Survey Code: 9X085	Survey Code: 9X086
Selected Reference Code:	Selected Reference Code:	Selected Reference Code:	Selected Reference Code:
Estimated Work RVU for Survey Code(s):			
Answer format should be #.##			

Established Patient Synchronous Audio-Only E/M Code(s)

Survey Code: 9X087	Survey Code: 9X088	Survey Code: 9X089	Survey Code: 9X090
Selected Reference Code:	**Selected Reference Code:**	**Selected Reference Code:**	**Selected Reference Code:**

Estimated Work RVU for Survey Code(s):

Answer format should be #.##

Brief Virtual Check-in E/M Code

Survey Code: 9X091
Selected Reference Code:

Estimated Work RVU for Survey Code(s):

Answer format should be #.##

Question 6

How many times have you personally performed each service in the past 12 months? Please enter a numerical value (whole number) on each line.

*To view the **descriptor** for the **survey code(s) and your chosen reference code(s)**, place your cursor over the symbol located next to the code number.*

You may have to scroll to the right in order to see all of the questions on this page.

New Patient Synchronous Audio-Video E/M Code(s)

	Survey Code **9X075**	Selected Reference Code	Survey Code **9X076**	Selected Reference Code	Survey Code **9X077**
How many times have you performed this service in the past 12 months?					

	Selected Reference Code	Survey Code **9X078**	Selected Reference Code
How many times have you performed this service in the past 12 months?			

Established Patient Synchronous Audio-Video E/M Code(s)

	Survey Code **9X079**	Selected Reference Code	Survey Code **9X080**	Selected Reference Code	Survey Code **9X081**
How many times have you performed this service in the past 12 months?					

	Selected Reference Code	Survey Code **9X082**	Selected Reference Code
How many times have you performed this service in the past 12 months?			

New Patient Synchronous Audio-Only E/M Code(s)

	Survey Code **9X083**	Selected Reference Code	Survey Code **9X084**	Selected Reference Code	Survey Code **9X085**
How many times have you performed this service in the past 12 months?					

	Selected Reference Code	Survey Code **9X086**	Selected Reference Code
How many times have you performed this service in the past 12 months?			

Established Patient Synchronous Audio-Only E/M Code(s)

	Survey Code **9X087**	Selected Reference Code	Survey Code **9X088**	Selected Reference Code	Survey Code **9X089**
How many times have you performed this service in the past 12 months?					

	Selected Reference Code	Survey Code **9X090**	Selected Reference Code
How many times have you performed this service in the past 12 months?			

Brief Virtual Check-in E/M Code

	Survey Code **9X091**	Selected Reference Code
How many times have you performed this service in the past 12 months?		

You have completed Part 1 of the survey. Click NEXT to indicated that you have completed your responses to Questions 1-6 for physician work and then continue to Part 2 of the survey.

SURVEY PART 2 - DIRECT PRACTICE EXPENSE DETAILS

IMPORTANT: This survey is intended to capture practice expense for the new telemedicine E/M

services when performed in a non-facility setting (eg, physician office). In answering these practice expense questions, **it is strongly recommended that you jointly complete this section of the survey with your clinical staff and practice manager.** Keep in mind that you can stop at any time and come back to the survey at a later time to continue. All information that you provide is maintained – you do not need start over again.

Note, it may be beneficial to print out a preview of this section of the survey that you can share with your clinical staff and a practice manager to collect their input:

Click here to review a preview of part 2 direct practice expense survey section

This section of the survey pertains to Direct Practice Expense which includes the following:

- Time spent by the physician's/qualified healthcare professional's clinical staff providing clinical activities,
- Disposable medical supplies used to perform the service, and
- Medical equipment used to perform the service.

Please provide the name and title for the clinical staff and/or practice manager you worked with to complete this section of the survey, if applicable:

	Employee Name	Employee Title
Employee 1		
Employee 2		

Background for Question 7: Telemedicine E/M Service Clinical Staff Time

The purpose of this question is to capture the clinical staff time provided by health care professionals who are paid by your practice and cannot bill separately, such as registered nurses (RNs), licensed practical nurses (LPNs), and certified medical assistants (MA), or other clinical staff employed in your practice. It is important to include the time associated with clinical activities regardless of the type of staff providing the service, since it is most important to capture the time related to clinical functions.

NOTE: Do not count the clinical staff time for any separately reported services performed on the same date or other dates (eg, a procedure performed on the same date, or chronic care management services performed during the month)

Clinical staff activities for in-person office visit may include the below list of activities. You

will be asked in question 7B which similar tasks are typically performed for telemedicine E/M services as well:

- Identify need for imaging, lab or other test result(s) and ensure information has been obtained
- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Prep and position patient
- Review and document history, systems, and medications
- Prepare room, equipment, supplies
- Assist physician/qualified healthcare professional during exam
- Education/instruction/counseling
- Coordinate home or outpatient care
- Clean room/equipment by clinical staff
- Conduct patient communications (i.e. calls, texts, emails, other electronic communication w/ patient, pharmacy etc,)

Clinical staff activities for both in-person office visits and telemedicine E/M services DO NOT INCLUDE time for any administrative activities no matter who performs these activities, including:

- Obtain referral documents
- Schedule patient/remind patient of appointment
- Obtain medical records/manage patient database/develop chart
- Pre-certify patient/conduct pre-service billing
- Verify insurance/register patient
- Transcribe results/file and manage patient records
- Schedule subsequent post service E&M services
- Conduct billing and collection activities

Question 7A

Do you typically (>50% of the time) use clinical staff in the provision of telemedicine E/M service?

- ◯ Yes
- ◯ No

Question 7B

Below are the typical clinical activities performed by clinical staff during in-person office visits. How much time in minutes does the clinical staff in your office spend providing the following clinical activities for a typical telemedicine E/M service with a typical patient. Please describe activities that are not the same as those for in-person visits using the "other" option.

Base estimates on a typical patient for the telemedicine E/M service specified in each column. The default value in the table below was set to 0; if there is time typically spent for that activity (>50% of the time), please revise to the typical time for each code you are surveying. It is important to be as precise as possible. For example, indicate 3 or 6 minutes instead of rounding to 5 minutes or indicate 14 or 17 minutes instead of rounding to 15 minutes. Type in your answer (in minutes). If none, enter 0.

*To view the **descriptor** for the **survey code(s)**, place your cursor over the symbol located next to the code number.*

You may have to scroll to the right in order to see all of the questions on this page.

Clinical staff activity time within three calendar days prior to the telemedicine E/M service

	Survey Code: 9X075 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X076 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X077 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X078 Place your time (in minutes) below. If none, enter 0.	Surv Pla mir n
Identify need for imaging, lab or other test result(s) and ensure information has been obtained	0	0	0	0	
Other clinical activity within three calendar days prior to the telemedicine E/M service: please include short clinical description below	0	0	0	0	

Other clinical activity within three calendar days prior to the telemedicine E/M service: please include short clinical description here (if applicable; if not applicable, put N/A)

Clinical staff activity time on the calendar day of the telemedicine E/M

service

	Survey Code: 9X075 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X076 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X077 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X078 Place your time (in minutes) below. If none, enter 0.	Sur Pl m
Identify need for imaging, lab or other test result(s) and ensure information has been obtained	0	0	0	0	
Greet patient, ensure appropriate medical records are available	0	0	0	0	
Prepare patient for the telemedicine E/M service (i.e. check audio and/or visual)	0	0	0	0	
Obtain vital signs	0	0	0	0	
Review and document history, systems, and medications	0	0	0	0	
Assist physician/qualified healthcare professional during exam	0	0	0	0	
Education/instruction/counseling	0	0	0	0	
Coordinate home or outpatient care	0	0	0	0	
Other clinical activity on the calendar day of the telemedicine E/M service (1st - if applicable): please include short clinical description below	0	0	0	0	
Other clinical activity on the calendar day of the telemedicine E/M service (2nd - if applicable): please include short clinical description below	0	0	0	0	
Other clinical activity on the calendar day of the telemedicine E/M service (3rd - if applicable): please include short clinical description below	0	0	0	0	

Other clinical activity(ies) on the calendar day of the telemedicine E/M service: please include short clinical description here (if applicable; if not applicable, put N/A)

Clinical staff activity time within seven calendar days after the telemedicine E/M service

	Survey Code: 9X075 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X076 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X077 Place your time (in minutes) below. If none, enter 0.	Survey Code: 9X078 Place your time (in minutes) below. If none, enter 0.	Surv Pla mir n
Conduct patient communications (i.e. calls, texts, emails, other electronic communication w/patient, pharmacy etc,)	0	0	0	0	
Other clinical activity within seven calendar days after the telemedicine E/M service: please include short clinical description below	0	0	0	0	

Other clinical activity within seven calendar days after the telemedicine E/M service: please include short clinical description here(if applicable; if not applicable, put N/A)

Question 8: Telemedicine E/M Service Medical Supplies

Question 8A:

These are the typical supplies used when performing an<u>in-person</u> office visit. Please indicate whether or not you typically (>50% of the time) use this supply item for a typical <u>telemedicine</u> E/M service with a typical patient.

	Yes	No
· Paper, exam table (7 feet)	○	◉
· Pillow case (1 item)	○	◉
· Gown, patient (1 item)	○	◉
· Drape, non-sterile, sheet 40in x 60in (1	○	◉

	Yes	No
item)		
Swab-pad, alcohol (2 items)	○	◉
Cover, thermometer probe (1 item)	○	◉
Specula tips, otoscope (1 item)	○	◉
Tongue depressor (1 item)	○	◉
Gloves, non-sterile (2 pair)	○	◉
Patient education booklet (1 item)	○	◉
Sanitizing cloth-wipe (surface, instruments, equipment) (1 item)	○	◉

Question 8B:
If there are any additional medical supply items that you typically use for a telemedicine E/M service for the typical patient please list it below. Provide only supplies that are NOT separately reimbursable and are disposable. Include the units in which supplies are purchased (eg, ml, ounce, foot).

Disposable Medical Supply Description	UNIT (e.g., item, ml, ounce, foot)	Office Setting Quantity used per patient

Question 9: Telemedicine E/M Service Medical Equipment

Question 9A:
This is the typical medical equipment used when performing an<u>in-person</u> office visit. Please indicate below whether or not each item is typically (>50% of the time) necessary for your typical <u>telemedicine</u> E/M service with a typical patient.

	Yes	No

	Yes	No
· otoscope-ophthalmoscope (wall unit)	○	◉
· exam table	○	◉
· Portable stand-on scale	○	◉

Question 9B:

If there are any additional medical equipment items that you typically use for a telemedicine E/M service for the typical patient, please list it below. Include only equipment with a purchase price of $500 or more that is easily attributable to this service for this patient. Do not include general office equipment, such as computers, phones, or furniture as these items are factored into the overhead expenses of running a medical practice.

Thank you for taking the time to complete this survey. Please click the "Submit Survey" button below to turn in your answers and exit the survey.

Questions about this survey? Please contact :

TABLE A				
Group Name	CMS Specialty Description	Survey Spec ID Number	Count	Total Group Count
MEDICINE	Anesthesiology	3	2	
MEDICINE	Cardiac Electrophysiology	4	6	
MEDICINE	Cardiology	6	16	
MEDICINE	Critical Care (Intensivists)	11	1	
MEDICINE	Emergency Medicine	14	1	
MEDICINE	Endocrinology	15	14	
MEDICINE	Gastroenterology	17	15	
MEDICINE	General Practice	18	2	
MEDICINE	Geriatric Medicine	20	15	
MEDICINE	Hospice & Palliative Care	26	1	129
MEDICINE	Interventional Cardiology	30	3	
MEDICINE	Interventional Pain Management	31	1	
MEDICINE	Neurology	36	11	
MEDICINE	Neuropsychiatry	37	1	
MEDICINE	Pain Management	48	3	
MEDICINE	Pediatric Medicine	50	18	
MEDICINE	Physical Medicine and Rehabilitation	52	2	
MEDICINE	Pulmonary Disease	58	14	
MEDICINE	Sleep Medicine	61	3	
NON-PHYSICIAN QHP	Certified Clinical Nurse Specialist	7	1	
NON-PHYSICIAN QHP	Nurse Practioner	40	5	25
NON-PHYSICIAN QHP	Physicians Assistant	53	19	
SURGERY	Cardiac Surgery	5	2	
SURGERY	Colorectal Surgery (Proctology)	10	3	
SURGERY	Gynecological Oncology	22	1	
SURGERY	Hand Surgery	23	10	
SURGERY	Neurosurgery	38	13	
SURGERY	Obstetrics/Gynecology	41	11	78
SURGERY	Orthopedic Surgery	45	6	
SURGERY	Otolaryngology	47	1	
SURGERY	Thoracic Surgery	64	3	
SURGERY	Urology	65	24	
SURGERY	Vascular Surgery	66	4	
				232

Table B

Research requested this data when they approved adding the question.

Perform Services	Question Counts	Percentages
A. I perform telehealth E/M services on New Patients Only	2	0.5%
B. I perform telehealth E/M services on Established Patients Only	80	18.5%
C. I perform telehealth E/M services on New and Established Patients	144	33.3%
D. I do not provide telehealth E/M services visits	207	47.8%
Number of ANA surveys (6) and/or financial Interest disclosure (14) (Nursing did not have the question and if a survey participant had a financial disclosure they were taken out of the survey and it was considered completed.)	20	
TOTAL STARTED Survey and technically "finished" the survey, excludes nursing and financial disclosure	433	
Total completed survey for at least one 1 code minus nursing as they were not asked the question	226	
Total completed survey for at least one 1 code including nursing for matching totals	232	
% surveyed at least 1 code and were asked the question, therefore selected A, B or C.	52%	
% did NOT do survey, therefore, selected D	48%	

Survey Process Logistics

Prior to the call, several specialty society staff had expressed concern to AMA RUC staff regarding the number of codes in the survey and have suggested a variety of strategies to attempt to address. Even with several changes to the custom template to make completing it more efficient, surveying 17 codes for work and practice expense may take an estimated 1-2 hours of a respondent's time. As is the case with all Qualtrics RUC surveys, the survey respondent is offered the flexibility to complete the survey for the codes they are interested in completing. The Research Subcommittee considered the addition of a question to the beginning of the survey, asking whether the survey respondent typically performs telemedicine services for new patients only, established patients only or both. The purpose of this question would be to dynamically change the survey template to only a subset of the survey codes based on the respondent's selection. **The Research Subcommittee approved the addition of the following question to the custom survey template and requested that the specialties provide these data to the RUC:**

Do you perform telehealth E/M services for new patients, established patients or both?

A. I perform telehealth E/M services on New Patients Only

B. I perform telehealth E/M services on Established Patients Only

C. I perform telehealth E/M services on New and Established Patients

D. I do not provide telehealth E/M services visits

The Research Subcommittee approved the custom telemedicine E/M services survey template with the minor modifications described above.

Relevant Excerpt from February 20 Research Subcommittee Report:

> **Telemedicine Office Visits (9X075, 9X076, 9X077, 9X078, 9X079, 9X080, 9X081, 9X082, 9X083, 9X084, 9X085, 9X086, 9X087, 9X088, 9X089, 9X090, 9X091): Proposed Custom Survey Template and Reference Service Lists**

At the February 2023 CPT Editorial Panel meeting, the Panel created a new E/M subsection for Telemedicine Office Visit Services, created 17 new category I CPT codes for reporting telemedicine E/M services (audio/visual, audio only, virtual check-in) and deleted 3 telephone E/M service codes. 28 societies have indicated they plan to survey some or all of the new CPT codes. AMA RUC staff drafted a custom RUC survey template and a draft reference service list (RSL) for the Subcommittee's consideration and approval on the February 20th call.

Reference Service List (RSL)
AMA RUC staff assembled a draft reference service list for the Subcommittee's consideration. The document shared with the Subcommittee included all codes from the 2019 office visit survey (updated to reflect new/revised coding changes and 2023 work values), as well as the addition of the office visit codes 99202-99215. That methodology produced an RSL of 58 codes. Specialty societies expressed an interest in paring down the number of codes included in the RSL. Therefore, AMA RUC staff highlighted several codes to potentially exclude based on systematic rules.

The Research Subcommittee reviewed the proposed systematic rules to remove codes, which were: 1) when multiple codes have a work RVU within 0.01 of each other, use the higher volume E/M code. 2) remove codes where the top specialty was not participating in this telemedicine E/M services survey, which also would not create a large gap in work RVUs. In general, the Subcommittee supported both proposed changes. **The Research Subcommittee agreed to remove codes 92285, 95165, 76514, 73620, 92250 and 92083 as the top specialty for each of those codes is not participating in the telemedicine E/M. Similarly, the Research Subcommittee agreed to remove codes 96374, 95251, 93307, 99490, 95813, 99223 and 99306 as each of those codes as an RVU that is either identical or within 0.01 of another higher volume E/M service that is also on the RSL.** The Subcommittee decided to retain code 93010 as it was selected as a top key reference code for the 2019 office visit survey and several members concurred it would still be beneficial to retain it.

In addition, an idea was discussed to remove the time portion of the long descriptor of any reference E/M code on the RSL where code-level is selected either using the level of medical decision making (MDM) or date of encounter time. The Research Subcommittee agreed that this would be helpful to avoid inadvertently anchoring the respondents' time estimates for the survey codes. **The Research Subcommittee approved the final Reference Service List of 45 CPT codes with the time sentence redacted from the long descriptors for the reference E/M services which can be reported using either MDM or time.**

Custom RUC Survey
In consultation with the Co-Chairs of the CPT/RUC Workgroup on E/M, RUC leadership and surveying specialty society staff, AMA RUC staff modeled the custom survey template on the Research-approved office visit templates from 2019 with the instructions and question text modified to fit telemedicine E/M services. This draft survey template also includes a Practice Expense (PE) section at the end similar to the process used for the office visit codes. The PE section was also modeled after the 2019 office visit survey, though reframed to first indicate what clinical activities, supplies and equipment were relevant to in-person office visits and then ask which inputs also apply to telemedicine E/M services.

During the Subcommittee's review of this template, a Subcommittee member opined whether it would be useful to include a question on the location from which the survey respondent typically performs the telemedicine service. Others pointed out that the location of the physician/QHP would not have an impact of the clinical staff working from the non-facility setting, and therefore adding that question would not be essential.

An observer on the call suggested for the term "telemedicine office visit" to be replaced with "telemedicine E/M service" throughout the survey template instructions and question text to avoid confusing the survey respondents. The Subcommittee agreed that this would be an appropriate change to make.

Survey Process Logistics

Prior to the call, several specialty society staff had expressed concern to AMA RUC staff regarding the number of codes in the survey and have suggested a variety of strategies to attempt to address. Even with several changes to the custom template to make completing it more efficient, surveying 17 codes for work and practice expense may take an estimated 1-2 hours of a respondent's time. As is the case with all Qualtrics RUC surveys, the survey respondent is offered the flexibility to complete the survey for the codes they are interested in completing. The Research Subcommittee considered the addition of a question to the beginning of the survey, asking whether the survey respondent typically performs telemedicine services for new patients only, established patients only or both. The purpose of this question would be to dynamically change the survey template to only a subset of the survey codes based on the respondents selection. **The Research Subcommittee approved the addition of the following question to the custom survey template and requested that the specialties provide these data to the RUC:**

Do you perform telehealth E/M services for new patients, established patients or both?

A. *I perform telehealth E/M services on New Patients Only*
B. *I perform telehealth E/M services on Established Patients Only*
C. *I perform telehealth E/M services on New and Established Patients*
D. *I do not provide telehealth E/M services visits*

The Research Subcommittee approved the custom telemedicine E/M services survey template with the minor modifications described above.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Practice Expense Subcommittee Referral – Skin Adhesives

April 2023

Skin Adhesives (PE Only) – Tab 07

In April 2022, the RUC approved the use of SG007 *adhesive, skin (Dermabond)* for CPT code 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* and 64595 *Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array*, although there was much discussion regarding whether its use is typical. Subsequently, a Practice Expense (PE) Subcommittee workgroup was created and a virtual meeting convened in October 2022 to review the issue of skin adhesives. In January 2023, the RUC considered the report of the PE Skin Adhesives Workgroup and agreed that there are multiple skin adhesive products at different price points that work similar to Dermabond. The RUC adopted the following four recommendations of the PE Workgroup:

1. The PE Subcommittee review the six codes on the Medicare Payment Schedule with Dermabond (64590, 64595, G0168, G0516, G0517, G0518) 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.

2. The PE Subcommittee request that the RUC recommend to CMS that Dermabond be replaced with its generic cyanoacrylate skin adhesive alternative on the CMS Direct PE Inputs Medical Supplies Listing.

3. The PE Subcommittee request that the RUC recommend to CMS that new medical supply item codes be created to encompass the generic formulations of cyanoacrylate skin adhesive in multidose form and single use sterile application.

4. The PE Subcommittee request that the RUC recommend to CMS that generic alternatives be used in place of brand names on the CMS Direct PE Inputs Medical Supplies Listing.

Per the first recommendation, the PE Subcommittee reviewed the six codes on the Medicare Payment Schedule with SG007 *adhesive, skin (Dermabond)* (64590, 64595, G0168, G0516, G0517, G0518) at its April 2023 meeting to identify justification for its use versus the generic version.

For CPT codes 64590 and 64595, the specialties submitted a revised PE spreadsheet and a letter recommending removal of the supply input SG007 *adhesive, skin (Dermabond)* and addition of one unit of SH076 *adhesive, cyanoacrylate (2ml uou)* in the non-facility setting. The specialties agreed that the use of the specific skin adhesive (Dermabond) is not critical to the procedure and the generic version (cyanoacrylate) is an appropriate substitute. Similarly, for code G0168 *Wound closure utilizing tissue adhesive(s) only*, the specialty submitted a revised PE spreadsheet and a letter recommending removal of the supply input SG007 *adhesive, skin (Dermabond)* and addition of one unit of SH076 *adhesive, cyanoacrylate (2ml uou)* in the non-facility setting. The specialty supported revising the supply input from the brand name Dermabond

to instead using the generic adhesive cyanoacrylate from the CMS direct supply listing. Therefore, for CPT codes 64590 and 64595 and code G0168, the RUC recommends that CMS remove the supply input SG007 *adhesive, skin (Dermabond)* and add one unit of SH076 *adhesive, cyanoacrylate (2ml uou).* **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

There was no specialty society interest for the three HCPCS codes: G0516 *Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)*, G0517 *Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)*, and G0518 *Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants).* The PE Subcommittee noted the extremely low utilization and determined that a similar action should be taken for the three codes in support of the generic alternative. **For codes G0516, G0517 and G0518, the RUC recommends that CMS remove the supply input SG007 *adhesive, skin (Dermabond)* and add one unit of SH076 *adhesive, cyanoacrylate (2ml uou).***

The RUC emphasized the need to obtain invoices for the generic alternatives; also noting that CMS should review the pricing of Dermabond, to ensure it reflects accurate current pricing. **The RUC reiterated its request for CMS to create and price new medical supply item codes for generic adhesive alternatives including the formulations of cyanoacrylate listed below:**

Type	Trade name examples	Characteristic
2-Octyl-cyanoacrylate	Dermabond SurgiSeal Liquiband Exceed	Weaker, less brittle, less dehiscence, more flexible Takes longer to dry Octyl esters provide weaker bond but are more flexible.
n-Butyl-2-cyanoacrylate	Histoacryl Indermil PeriAcryl LiquiBand Swiftset	Stronger, brittle, more dehiscence Butyl esters provide stronger bond but are rigid.
n-Butyl and 2-Octyl-cyanoacrylate COMBINED TOGETHER	GluStitch / GluSeal	Available in high & low viscosity formulations
Ethyl-2-cyanoacrylate	Epiglu SuperGlue	

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	010	PE Inputs (2023 Work RVU = 2.45)
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	010	PE Inputs (2023 Work RVU = 1.78)
G0168	Wound closure utilizing tissue adhesive(s) only	000	PE Inputs (2023 Work RVU = 0.31)
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	000	PE Inputs (2023 Work RVU = 1.82)
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	000	PE Inputs (2023 Work RVU = 2.10)
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	000	PE Inputs (2023 Work RVU = 3.55)

March 10, 2023

To: Ezequeil Silva III, MD, Chairperson of the Relative Value Scale (RVU) Update Committee

CC: Scott Manaker, MD, Practice Expense Subcommittee

Dear Dr. Silva,

At the April 2022 RUC meeting, the American Urological Association (AUA) and American College of Obstetricians and Gynecologists (ACOG) presented recommended RVUs and Practice Expense (PE) inputs for CPT codes 64590 and 64595. During this meeting, the use of a skin adhesive, Dermabond (Supply Code SG007), was included in the PE inputs for both procedures performed in a non-facility setting.

AUA and ACOG advisors agree that the use of this specific skin adhesive, Dermabond, is not critical to the procedure and the generic version, cyanoacrylate (Supply Code SH076) may be used in its place. The AUA and ACOG would like to update the PE spreadsheet for both codes, as described below:

- Remove one unit of SG007 adhesive, skin (Dermabond) for Non-Facility procedures for 64590 and 64595
- Add one unit of SH076 adhesive, cyanoacrylate (2ml uou).doc for Non-Facility procedures for 64590 and 64595

The current vignettes for both CPT codes reflect the typical patient and do not need to be changed. Thank you for your consideration. Should you have any questions, please contact Bhavika Patel, Physician Payment and Reimbursement Manager at bpatel@auanet.org.

Thank you,

Jonathan Kiechle, MD
AUA RUC Advisor

Jon Hathaway, MD, PhD
ACOG RUC Advisor

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

March 23, 2023

Scott Manaker, MD, PhD, RUC Practice Expense Committee Chair

RE: TAB 7 PE Only Considerations for Code G0168

Dr. Manaker,

The American College of Emergency Physicians (ACEP) as the dominant provider will be presenting input for code G0168 (Wound closure using tissue adhesive(s) only) as part of the Tab 7 review of codes that include the use of skin adhesives during the April 2023 RUC meeting.

ACEP as a facility-based specialty does not incur the cost of non-physician clinical labor, supplies, or equipment and our PE spreadsheet reflects that situation. Use of this code in the non-facility setting may require additional consideration.

We support changing line 104 from listing Dermabond as a brand name to instead using the CMS direct supply listing of SH076 *adhesive, cyanoacrylate (2ml uou)*.

Thanks for the opportunity to participate in the valuation of this code.

Jordan Celeste, MD, FACEP, ACEP RUC Advisor

B. Bryan Graham, DO, FACEP, ACEP Alternate RUC Advisor

Cc: Rebecca A. Gierhahn, MS, RUC Practice Expense Committee Staff

HEADQUARTERS
Post Office Box 619911
Dallas, Texas 75261-9911

4950 W Royal Ln
Irving, TX 75063-2524

972-550-0911
800-798-1822
www.acep.org

	B	C	G	H	I	J	K	L	M	N	O	P	Q	R
1			CURRENT		2022 RUC Recommen		RECOMMENDED		CURRENT		022 RUC Recommer		RECOMMENDED	
2			64590		64590		64590		64595		64595		64595	
3	***RUC Collaboration Website***		Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver,		Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver,		Insertion or replacement of peripheral or gastric neurostimulator pulse generator or		Revision or removal of peripheral or gastric neurostimulator pulse generator or		Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or		Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or	
4	**Meeting Date: April 2023** **Revision Date (if applicable):** **Tab: 07** **Specialty: Americal Urological Society, American College of**	**Standards/Guidelines**												
5	**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**		**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**
7	**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	**TOTAL CLINICAL STAFF TIME**		**93.0**	**63.0**	**102.0**	**72.0**	**102.0**	**72.0**	**101.0**	**63.0**	**100.0**	**72.0**	**100.0**	**72**
9	**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30**
10	**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**48.0**	**6.0**	**48.0**	**6.0**	**48.0**	**6.0**	**56.0**	**6.0**	**46.0**	**6.0**	**46.0**	**6**
11	**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**27.0**	**27.0**	**36.0**	**36.0**	**36.0**	**36.0**	**27.0**	**27.0**	**36.0**	**36.0**	**36.0**	**36**
12	**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	**PRE-SERVICE PERIOD**													
14	**Start: Following visit when decision for surgery/procedure made**													
15					5	5	5	5			5	5	5	5
16					3	10	3	10			3	10	3	10
17					0	5	0	5			0	5	0	5
18					7	7	7	7			7	7	7	7
19					3	3	3	3			3	3	3	3
20														
21														
22			18	30					18	30				
23														
26	*Other activity: please include short clinical description here and type new*													
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					0		0				3		3	
34					0		0				5		5	
35														
36														
37					2		2				2		2	
38														
39														
40					2		2				2		2	
41														
42														
45	*Other activity: please include short clinical description here and type new*													
48	**Intra-service (of service period)**													
49					40		40				30		30	
50														
51														
52			48	6					56	6				
55														
56	*Other activity: please include short clinical description here and type new*													
59	**Post-Service (of service period)**													
60														
61														
62					3		3				3		3	
63														
64														
65														
66														
67					1		1				1		1	
68														
69														
70														
71														
72														
73														
74			**n/a**		**n/a**	**6**	**n/a**	**6**	**n/a**		**n/a**	**6**	**n/a**	**6**
75														
78	*Other activity: please include short clinical description here and type new*													
81	**End: Patient leaves office/facility**													
82	**POST-SERVICE PERIOD**													
83	**Start: Patient leaves office/facility**													
84					0						0			
85			27	27					27	27				
86	***Office visits: List Number and Level of Office Visits***		**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87	99211 16 minutes													
88	99212 27 minutes													
89	99213 36 minutes				1	1	1	1			1	1	1	1
90	99214 53 minutes													
91	99215 63 minutes													
92			**0.0**	**0.0**	**36.0**	**36.0**	**36.0**	**36.0**	**0.0**	**0.0**	**36.0**	**36.0**	**36.0**	**36.0**
93														
96	*Other activity: please include short clinical description here and type new*													
99	**End: with last office visit before end of global period**													

	B	C	G	H	I	J	K	L	M	N	O	P	Q	R
1			CURRENT		2022 RUC Recommen		RECOMMENDED		CURRENT		022 RUC Recommer		RECOMMENDED	
2			64590		64590		64590		64595		64595		64595	
3	***RUC Collaboration Website***		Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver,		Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver,		Insertion or replacement of peripheral or gastric neurostimulator pulse generator or		Revision or removal of peripheral or gastric neurostimulator pulse generator or		Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or		Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or	
4	**Meeting Date: April 2023** **Revision Date (if applicable):** **Tab: 07** **Specialty: Americal Urological Society, American College of**	**Standards/Guidelines**												
5	**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**		**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**	**010**
7	**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	**TOTAL CLINICAL STAFF TIME**		**93.0**	**63.0**	**102.0**	**72.0**	**102.0**	**72.0**	**101.0**	**63.0**	**100.0**	**72.0**	**100.0**	**72**
9	**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30**
10	**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**48.0**	**6.0**	**48.0**	**6.0**	**48.0**	**6.0**	**56.0**	**6.0**	**46.0**	**6.0**	**46.0**	**6**
11	**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**27.0**	**27.0**	**36.0**	**36.0**	**36.0**	**36.0**	**27.0**	**27.0**	**36.0**	**36.0**	**36.0**	**36**
100	**MEDICAL SUPPLIES**													
101	**TOTAL COST OF SUPPLY QUANTITY x PRICE**		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
102			0	0					1	0				
103			2	1	2	1	2	1	2	1	2	1	2	1
104			1	1					1	1				
105			2	0	2		2		2	0	2		2	
106			1	0	1		1		0	0	1		1	
107			1	0	1		1		1	0	1		1	
108			2	0	3		3		2	0	3		3	
109			2	0	2		2		2	0	2		2	
110			1	0	2		2		1	0	2		2	
111			2	0					2	0				
112			1	0	1		1		1	0	1		1	
113			1	0	1		1		1	0	1		1	
114			1	0	1		1		1	0	1		1	
115			1	0	1		1		1	0	1		1	
116			1	0					1	0	0		0	
117			1	0	1		1		1	0	1		1	
118			1	0	1		1		1	0	1		1	
119			1	0	1		1		1	0	1		1	
120			1	0	1		1		1	0	1		1	
121			1	0	1		1		1	0				
122			5	0	1		1		5	0	1		1	
123			1	0					1	0				
124			24	0					24	0				
125			20	0					20	0				
126			1	0	1		1		1	0	1		1	
127			1	0	1		1		1	0	1		1	
128			1	0	1		1		1	0	1		1	
129			1	0	1		1		1	0				
130			0	0	1				0	0	1			
131			0	0	20		20		0	0	20		20	
132			0	0	1		1		0	0				
133			0	0			1		0	0			1	
134	*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*	*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice in column B, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*												
136	**EQUIPMENT**													
137	**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
138			47	0	48		48		43	0	46		46	
139			47	0	48		48		43	0	46		46	
140			47	0	48		48		43	0	46		46	
141			47	0	0		0		43	0	0		0	
142					56		56				46		46	
143			74	27	84	36	84	36	70	27	82	36	82	36
144					56	0	56	0				0		0
145	*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.*	*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice in column B, 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	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**G0168**		**G0168**	
3		***RUC Collaboration Website***				Wound closure utilizing tissue ahesive(s) only		Wound closure utilizing tissue ahesive(s) only	
4	**Clinical Activity Code**	**Meeting Date: Revision Date (if applicable): Tab: Specialty:**	**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**				**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**10.0**	**0.0**	**10.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**10.0**	**0.0**	**10.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001		L037D						
16	CA002		L037D						
17	CA003		L037D						
18	CA004		L037D						
19	CA005		L037D						
20	CA006		L037D						
21	CA007		L037D						
22	CA008		L037D						
23			L037D						
26		*Other activity: please include short clinical description here and type*	L037D						
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		L037D						
34	CA010		L037D						
35	CA011		L037D						
36	CA012		L037D						
37	CA013		L037D			2		2	
38	CA014		L037D						
39	CA015		L037D						
40	CA016		L037D						
41	CA017		L037D						
42			L037D						
45		*Other activity: please include short clinical description here and type*	L037D						
48		**Intra-service (of service period)**							
49	CA018		L037D			5		5	
50	CA019		L037D						
51	CA020		L037D						
52	CA021		L037D						
55			L037D						
56		*Other activity: please include short clinical description here and type*	L037D						
59		**Post-Service (of service period)**							
60	CA022		L037D						
61	CA023		L037D						
62	CA024		L037D			1		1	
63	CA025		L037D						
64	CA026		L037D						
65	CA027		L037D						
66	CA028		L037D						
67	CA029		L037D			1		1	
68	CA030		L037D						
69	CA031		L037D						
70	CA032		L037D						
71	CA033		L037D						
72	CA034		L037D						
73	CA035		L037D			1		1	
74	CA036		L037D			**n/a**		**n/a**	
75			L037D						
78		*Other activity: please include short clinical description here and type*	L037D						
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037		L037D						
85	CA038		L037D						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039		L037D			**0.0**	**0.0**	**0.0**	**0.0**
93			L037D						
96		*Other activity: please include short clinical description here and type*	L037D						
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						**G0168**		**G0168**	
3		***RUC Collaboration Website***				Wound closure utilizing tissue ahesive(s) only		Wound closure utilizing tissue ahesive(s) only	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	**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**				**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**10.0**	**0.0**	**10.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**10.0**	**0.0**	**10.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**
102	SB006					1		1	
103	SB022					2		2	
104	SG007					1		0	
105	SH076					0		1	
106	SG035					1		1	
107	SG055					2		2	
108	SH069					1		1	
109	SJ041					10		10	
110	SJ053					2		2	
111		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*							
113	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
114		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**
115	EF023			Default		9		9	
116									
117									
118									
119									
120									
121		*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.*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

April 2023

Laser Treatment-Skin – Tab 08

In October 2015, CPT codes 96920, 96921 and 96922 were identified via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. At that time, the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes were being used correctly which was published in September 2016. This was the third article created for this code set, with articles also published in June 2012 and May 2013.

In January 2022, the Relativity Assessment Workgroup reviewed these services again noting that their utilization continues to steadily increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that they believed the growth is appropriate due to changes in treatment and medication for psoriasis. However, due to the continued growth, the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, the specialty societies indicated, and the RUC agreed, that CPT codes 96920-96922 be referred to the CPT Editorial Panel for editorial review at the September 2022 CPT meeting. Since the CPT descriptor was established in 2002, psoriasis is the only approved indication and use for this treatment modality. Although, the specialty societies have noted that the indications have expanded beyond what is currently noted in the code descriptors to include laser treatment for other inflammatory skin disorders such as vitiligo, atopic dermatitis, alopecia areata, etc. This issue was deferred to the February 2023 CPT meeting to complete the full CCA and submit literature supporting excimer laser treatment for other inflammatory skin disorders as the changes were deemed more than editorial given that expanded indications would change the physician work. This issue was subsequently withdrawn from the February 2023 CPT Editorial Panel meeting agenda as it was determined that existing literature was insufficient and did not support expanded indications at this time. Thus, this issue was surveyed for the April 2023 RUC meeting, without any revisions to code descriptors, since the available 2021 Medicare data indicates that the typical patient is being treated for psoriasis (96920, psoriasis = 79.3%).

The RUC expressed concern with the survey that the times have decreased and there was not a proportionate decrease in work. However, there have been multiple reviews of this code set, and the valuation of the codes is currently based on the original valuation over two decades ago in 2002, where the time was *lower* than what is in the database now. Subsequent review in 2012 adopted new survey times while maintaining the work value from 2002 for CPT codes 96920 and 96922. For both the parent code 96920 and the code 96922 with the largest treatment area, the total times have not changed since first implemented more than 20 years ago *Thus, the current value is based on a lower time than the time in the database currently* (please see the table below).

	2002 Intra Time	2002 Total Time	2002 RUC Rec.	2002 CMS RVU	2012 Intra Time	2012 Total Time	2012 RUC Rec.	2012 CMS RVU	Current Intra Time	Current Total Time	Current CMS RVU
96920	17	27	1.15	1.15	23	37	1.15	1.15	23	35	1.15
96921	20	30	1.17	1.17	30	42	1.30	1.30	30	42	1.30
96922	30	40	2.10	2.10	45	57	2.10	2.10	45	57	2.10

96920 ***Excimer laser treatment for psoriasis; total area less than 250 sq cm***
The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and concurred that the survey respondents overvalued the service. The RUC determined that changes in intra-service and total time for the procedure warranted a direct work RVU crosswalk to CPT code 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* (work RVU = 1.00, 10 minutes intra-service time, and 27 minutes total time) which falls below the survey 25th percentile and has identical intra-service time that appropriately accounts for the physician work involved in this service. The RUC noted that code 20606, when compared to fifteen recently RUC-reviewed 000-day global codes with the same intra-service time and similar total time, the crosswalk value of 1.00 falls in the middle of the range in terms of work RVUs. The RUC recommends 10 minutes of pre-service time, 10 minutes of intra-service time, 3 minutes of post-service time, and 23 minutes total time as supported by the survey.

To justify the crosswalk value, the RUC compared the surveyed code to MPC codes 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07, 12 minutes intra-service time, and 24 minutes total time) and 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method* (work RVU = 1.10, 10 minutes intra-service time, and 24 minutes total time) and noted that both comparator codes involve similar intra-service time and slightly more physician work.

For additional support, the RUC compared the surveyed code to MPC codes 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84, 10 minutes intra-service time, and 22 minutes total time) and 20611 *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting* (work RVU = 1.10, 10 minutes intra-service time, and 27 minutes total time) and noted that the multi-specialty points of comparison values have the same intra-service time and appropriately bracket the recommendation. The RUC concluded that CPT code 96920 should be valued based on a direct work RVU crosswalk to CPT code 20606 which falls below the 25th percentile as supported by the survey. **The RUC recommends a work RVU of 1.00 for CPT code 96920.**

96921 ***Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm***
The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and concurred that the survey respondents overvalued the service. The RUC determined that changes in intra-service and total time for the procedure warranted a direct work RVU crosswalk to CPT code 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07, 12 minutes intra-service time and 24 minutes total time) which falls below the survey 25th percentile and has identical intra-service time that appropriately accounts for the physician work involved in this service. The RUC noted that, crosswalk code 12011,

when compared to four recently RUC-reviewed 000-day global codes with the same intra-service time and similar total time, the crosswalk value of 1.07 falls in the middle of the range in terms of work RVUs. The recommendation also provides for a stepwise progression of the procedure based on the size of the wound or lesion. The RUC recommends 10 minutes of pre-service time, 12 minutes of intra-service time, 3 minutes of post-service time, and a total time of 25 minutes as supported by the survey.

To justify the crosswalk value, the RUC compared the surveyed code to MPC codes 11980 *Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)* (work RVU = 1.10, 12 minutes intra-service time and 27 minutes total time) and 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method* (work RVU = 1.10, 10 minutes intra-service time and 24 minutes total time) and noted that both MPC codes involve similar intra-service time and slightly more physician work.

For additional support, the RUC compared the surveyed code to MPC codes 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU = 1.00, 7 minutes intra-service time and 17 minutes total time) and 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* (work RVU = 1.14, 15 minutes intra-service time and 27 minutes total time) and noted that the multi-specialty points of comparison values appropriately bracket the recommendation. The RUC concluded that CPT code 96921 should be valued based on a direct work RVU crosswalk to CPT code 12011 which falls below the 25th percentile as supported by the survey. **The RUC recommends a work RVU of 1.07 for CPT code 96921.**

96922 *Excimer laser treatment for psoriasis; over 500 sq cm*
The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and determined that the survey 25th percentile work RVU of 1.32 appropriately accounts for the physician work involved in this service. The RUC agreed that the current value would be inappropriate given the decrease in survey time. However, the work associated with this service has not changed since it was last surveyed. The RUC recommends 10 minutes of pre-service time, 18 minutes of intra-service time, 3 minutes of post-service time, and 31 minutes total time as supported by the survey. It was noted that much of the resetting and re-prepping is intra-service time as indicated in the description of the work. Typically, seven sites are treated, requiring repeated prep, and draping after the procedure is underway.

To justify a work RVU of 1.32, the RUC compared CPT code 96922 to the to the top key reference service code 12007 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm* (work RVU = 2.90, 35 minutes intra-service time and 54 minutes total time) and noted that the intra-service time is nearly twice that of the surveyed code and intensity is more justifying a higher value. The RUC also compared CPT code 96922 to MPC code 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* (work RVU = 1.44, 17 minutes intra-service time and 29 minutes total time) and noted that the surveyed code involves similar intra-service time and slightly less physician work. For additional support, the RUC compared CPT code 96922 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 time and 27 minutes total time) and noted that the surveyed code has more intra-service and total time and is therefore valued higher than the comparator code. The RUC concluded that CPT code

96922 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation also provides a stepwise progression of the procedure based on the size of the wound or lesion. **The RUC recommends a work RVU of 1.32 for CPT code 96922.**

Practice Expense
The Practice Expense (PE) Subcommittee discussed the compelling evidence argument that there has been a notable change in the dominant practice model (eg, pay-per-use subscription-based model) since the code set was last surveyed in 2012 and, in addition, that the patient population has changed. The Subcommittee accepted compelling evidence based on "Evidence that there has been a change in equipment or practice expense cost."

Based on acceptance of compelling evidence, the PE Subcommittee carefully considered the direct practice expense inputs including three new supply inputs for *laser, excimer*, *pay per use* based on size of treatment area. This piece of equipment is typically used via a subscription or a rental model. The dermatologist does not own the laser, rather the laser is placed in the dermatologist's office, and the practice buys a series of treatments. These treatments are purchased in packs of 10 and are based upon the size of the area being treated which corresponds to the three supply codes. A fourth new supply input was included for *Mupirocin 2% Topical Ointment 22 grams*. Following the laser treatment, the physician applies mupirocin to areas of blistering, erosion, and/or impending skin breakdown. The Subcommittee modified this item to reflect a per gram basis.

The PE Subcommittee made several modifications to the spreadsheet including revisions to the clinical staff minutes for CA011 *Provide education/obtain consent*, CA014 *Confirm order, protocol exam* and CA035 *Review home care instructions, coordinate visits/prescriptions*. Also, an additional pair of SB023 *gloves, non-sterile, nitrile* was added to CPT code 96922 which is typical for the larger area. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

RUC Database Flag
The RUC recommends a flag for CPT codes 96920, 96921 and 96922 as "Do Not Use to Validate for Physician Work" since the times are not representative.

CPT Referral
At the April 2023 meeting, the RUC voted to recommend an editorial change to CPT to add "(ie, excimer)" after "Laser treatment" for clarity in code 96920. The CPT Executive Committee voted to further editorially revise code 96920 to align with the intended use of these services exclusively for psoriasis. These editorial revisions are for the CPT 2024 code set. The changes are editorial and do not involve a change in work.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
96920	Excimer ~~L~~laser treatment for ~~inflammatory skin disease (~~psoriasis~~)~~; total area less than 250 sq cm	000	1.00
96921	250 sq cm to 500 sq cm	000	1.07
96922	over 500 sq cm (For laser destruction of premalignant lesions, see 17000-17004) (For laser destruction of cutaneous vascular proliferative lesions, see 17106-17108) (For laser destruction of benign lesions, see 17110-17111) (For laser destruction of malignant lesions, see 17260-17286)	000	1.32

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96920 Tracking Number Original Specialty Recommended RVU: **1.07**
Presented Recommended RVU: **1.00**
Global Period: 000 Current Work RVU: **1.15** RUC Recommended RVU: **1.00**

CPT Descriptor: Excimer laser treatment for psoriasis; total area less than 250 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has still less than 250 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

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%

Description of Pre-Service Work: Review patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further (unwanted UV exposure) and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	Alice Gottlieb, MD, FAAD, Alexandra Flamm, MD, FAAD, Howard Rogers, MD, FAAD, Alina Bridges, MD, FAAD					
Specialty Society(ies):	American Academy of Dermatology Association (AADA)					
CPT Code:	96920					
Sample Size:	250	**Resp N:**	41			
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**50.00**	125.00	900.00
Survey RVW:	0.50	1.11	**1.45**	2.00	85.00
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	5.00	**10.00**	10.00	25.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96920	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**		**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
96574	000	1.01	**RUC Time**

CPT Descriptor
Debridement of premalignant hyperkeratotic lesion(s) (ie,targeted curettage, abrasion) followed with photodynamic therapy by external application of light todestroy premalignant lesions of the skin and adjacentmucosa with application and illumination /activation of photosensitizing drug(s) provided by a physician or other qualified healthcare professional, per day

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12005	000	1.97	**RUC Time**

CPT Descriptor
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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	158,450

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20611	000	1.10	**RUC Time**	1,095,993

CPT Descriptor 2 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 17.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 96920	Top Key Reference CPT Code: 96574	2nd Key Reference CPT Code: 12005
Median Pre-Service Time	10.00	10.00	11.00
Median Intra-Service Time	10.00	16.00	25.00
Median Immediate Post-service Time	3.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**23.00**	**36.00**	**41.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	43%	57%	

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%	57%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	29%	42%
Physical effort required	29%	29%	42%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	14%	57%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity			60%	40%	

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	20%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	60%	20%	20%
Physical effort required	20%	40%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	60%	20%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
In 2008, CPT codes 96920, 98921, and 96922, excimer laser treatment for psoriasis, were identified by the high-volume growth and CMS fastest growing screens. At that time, the RUC recommended that these services be assessed again in two years. In October 2011, the Relativity Assessment Workgroup (RAW) reviewed these codes and recommended that the specialty society resurvey for work and practice expense. The codes were presented at the January 2012 RUC meeting. Additionally, the RUC requested the development of a CPT Assistant article for the laser codes 96920-96922 to address incorrect reporting when using handheld devices. The CPT Assistant article was published in June 2012.

In May 2013, another CPT Assistant article was released to address treating a scar using the laser codes 96920-96922, stating that their use would not be appropriate and that 96999, Unlisted special dermatological service or procedure, should be used instead.

In April 2015, the code family was identified again via the high-volume growth screen with Medicare utilization of 10,000 or more. It was recommended that a CPT Assistant article be developed. Additionally, the RUC requested that the specialty societies develop an Action Plan to address the continued increase in utilization and assess the effectiveness of the CPT Assistant article. In October 2015, the RUC recommended that the specialty societies develop an additional, comprehensive CPT Assistant article, with examples, on the use of the three laser codes to ensure the code set was being billed correctly. The CPT Assistant article was published in September 2016.

In October 2017, the RUC recommended that the RAW review these services in 2 years (October 2019). In October 2019, we received the same recommendation (review services in two years ((January 2022)), since therapy for psoriasis had changed, and the utilization of these services may decrease.

In January 2022, the RAW reviewed the laser codes 96920-96922, noting that utilization continued to increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that this volume is appropriate due to changes in treatment and medication options for psoriasis. However, the RAW recommended that CPT codes 96920, 96921, and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting. In response, the society requested that these codes be referred to CPT to revise the code descriptors to treat expanded indications. The RAW agreed, and the codes were placed on the October 2022 CPT Panel agenda as an editorial revision.

During the October 2022 CPT meeting, the codes were withdrawn as CPT indicated that our changes would not be considered an editorial revision and that we needed to complete a long code change application for the codes. The long code change application was completed and submitted for the February 2023 CPT meeting.

During the pre-facilitation conference call for the February 2023 CPT meeting, the panel reviewers expressed concern about a lack of supporting literature to move forward with the code change applications. Specifically, they indicated that the list of other inflammatory diseases, including vitiligo, eczema, alopecia, and dermatitis, did not have sufficient supporting literature indicating clinical efficacy for treatment with excimer laser. The AADA CPT advisors then recommended expansion of the codes to add just vitiligo, but the reviewers maintained the argument of insufficient supporting literature as well as lack of literature to support the treatment of specific surface area size in this disease process. The CPT panel reviewers did not support the application. AADA was advised to withdraw the tab before the meeting, which was done.

Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process

The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation
The expert panel reviewed the survey data. We acknowledge the decrease in intraservice time from the survey. However, our expert panel, which includes psoriasis experts who have frequently performed this procedure for many years, felt that the time and work associated with this code has not changed since it was last surveyed. Additionally, the survey

respondents clearly indicated relative stability in the work from current values for this code. That being said, it was felt that both the current values and the 25th percentile would be inappropriate given the decrease in survey time.

Therefore, the expert panel recommends a crosswalk from CPT code 20606, which has a wRVU of 1.00. This is under the 25th percentile survey value of 1.11 and the current wRVU of 1.15.

CPT code 20606 describes 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. This code has the exact same intraservice time as our median data at 10 minutes and a similar total time at 27 minutes. This code was last valued in 2014 by the RUC based on survey data and is also a 0 day global.

It was felt that this crosswalk would maintain relativity well when compared to other codes with similar times. On a RUC database review of 0 day global codes valued since 2010 with the same intraservice time and similar total times (between 22 and 24 minutes), the proposed value of 1.00 would fall within range of the resulting RVWs values, and would not be the most highly valued code within this grouping.

Key Reference Service
The most chosen reference codes by survey participants are common dermatologic procedures.

- **96574** Debridement of premalignant hyperkeratotic lesion(s) (ie,targeted curettage, abrasion) followed with photodynamic therapy by external application of light todestroy premalignant lesions of the skin and adjacentmucosa with application and illumination /activation of photosensitizing drug(s) provided by a physician or other qualified healthcare professional, per day
- **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

Neither KRS code was chosen by a majority of the survey takers, at 17% and 12% respectively, and therefore the society was not confident these were representative for comparison.

MPC Codes
Our recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post
96920*	Excimer laser treatment for psoriasis; total area less than 250 sq cm	1.15	35	7	23	5
96920**	Excimer laser treatment for psoriasis; total area less than 250 sq cm	1.00	23	10	10	3
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	0.84	22	7	10	5
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	1.10	27	12	10	5

*Current
**Recommendation

Summary
In summary, our expert panel recommends using the survey median intraservice work of 10 minutes, and crosswalking the wRVU values from CPT code 20606, as the surveyed wRVU for 96920 was similar at the 25th percentile (1.11) and higher at the median (1.45) to current values, but the times indicated were less.

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) 96920

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 Dermatology 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? 176000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 176000 Percentage 0.76 %

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? 88,673 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This rationale is based on the 2021 Medicare utilization rates for the year 2021.

Specialty Dermatology Frequency 88673 Percentage 76.50 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

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 96920

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96921 Tracking Number Original Specialty Recommended RVU: **1.22**
Presented Recommended RVU: **1.07**
Global Period: 000 Current Work RVU: **1.30** RUC Recommended RVU: **1.07**

CPT Descriptor: Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has between 250 sq cm and 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they 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 patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further (unwanted UV exposure) and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023		
Presenter(s):	Alice Gottlieb, MD, Alexandra Flamm, MD, Howard Rogers, MD, Alina Bridges, MD		
Specialty Society(ies):	American Academy of Dermatology Association (AADA)		
CPT Code:	96921		
Sample Size:	250	**Resp N:**	41
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**21.00**	75.00	342.00
Survey RVW:	0.60	1.25	**1.57**	2.35	4.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**2.00**		
Intra-Service Time:	1.00	7.00	**12.00**	20.00	35.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96921	**Recommended Physician Work RVU: 1.07**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**		**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12006	000	2.39	**RUC Time**

CPT Descriptor
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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11308	000	1.46	**RUC Time**

CPT Descriptor
Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36620	000	1.00	**RUC Time**	549,202

CPT Descriptor 1 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	129,274

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
12011	000	1.07	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

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:** 14.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 96921	Top Key Reference CPT Code: 12006	2nd Key Reference CPT Code: **11308**
Median Pre-Service Time	10.00	11.00	6.00
Median Intra-Service Time	12.00	30.00	26.00
Median Immediate Post-service Time	0.00	6.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**47.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity		17%	33%	50%	

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%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	33%	33%

Physical effort required		50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	17%	50%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity				100%	

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		60%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required		40%	60%
Physical effort required			100%

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%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In 2008, CPT codes 96920, 98921, and 96922, Excimer laser treatment for psoriasis, were identified by the high-volume growth and CMS fastest growing screens. At that time, the RUC recommended that these services be assessed again in two years. In October 2011, the Relativity Assessment Workgroup (RAW) reviewed these codes and recommended that the specialty society resurvey for work and practice expense. The codes were presented at the January 2012 RUC

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In April 2015, the code family was identified again via the high-volume growth screen with Medicare utilization of 10,000 or more. It was recommended that a CPT Assistant article be developed. Additionally, the RUC requested that the specialty societies develop an Action Plan to address the continued increase in utilization and assess the effectiveness of the CPT Assistant article. In October 2015, the RUC recommended that the specialty societies develop an additional, comprehensive CPT Assistant article, with examples, on the use of the three laser codes to ensure the code set was being billed correctly. The CPT Assistant article was published in September 2016.

In October 2017, the RUC recommended that the RAW review these services in 2 years (October 2019). In October 2019, we received the same recommendation (review services in two years ((January 2022)), since therapy for psoriasis had changed, and the utilization of these services may decrease.

In January 2022, the RAW reviewed the laser codes 96920-96922, noting that utilization continued to increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that this volume is appropriate due to changes in treatment and medication options for psoriasis. However, the RAW recommended that CPT codes 96920, 96921, and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting. In response, the society requested that these codes be referred to CPT to revise the code descriptors to treat expanded indications. The RAW agreed, and the codes were placed on the October 2022 CPT Panel agenda as an editorial revision.

During the October 2022 CPT meeting, the codes were withdrawn as CPT indicated that our changes would not be considered an editorial revision and that we needed to complete a long code change application for the codes. The long code change application was completed and submitted for the February 2023 CPT meeting.

During the pre-facilitation conference call for the February 2023 CPT meeting, the panel reviewers expressed concern about a lack of supporting literature to move forward with the code change applications. Specifically, they indicated that the list of other inflammatory diseases, including vitiligo, eczema, alopecia, and dermatitis, did not have sufficient supporting literature indicating clinical efficacy for treatment with excimer laser. The AADA CPT advisors then recommended expansion of the codes to add just vitiligo, but the reviewers maintained the argument of insufficient supporting literature as well as lack of literature to support the treatment of specific surface area size in this disease process. The CPT panel reviewers did not support the application. AADA was advised to withdraw the tab before the meeting, which was done.

Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process
The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation
The expert panel reviewed the survey data. It was felt that both the current values and the 25th percentile would be inappropriate given the decrease in survey time. However, our expert panel, which included work experts who frequently perform this procedure, felt that the work associated with this code has not changed it was last surveyed. It was also noted that the request for survey arose from a utilization screen as opposed to other mechanisms. Additionally, the survey respondents indicated relative stability in the RVWs, as per the survey data.

Therefore, the expert panel recommends a crosswalk from CPT code 12011, which has a wRVU of 1.07. This is under the 25th percentile survey value of 1.25 and the current wRVU of 1.30.

CPT code 12011 describes a simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less. 12011 has the same intraservice time, at 12 minutes, a similar total time, at 24 minutes, to the surveyed time for 96921. This code was last valued in April 2010 by the RUC based on survey data. This code is additionally an MPC code.

It was felt that this crosswalk would maintain relativity well when compared to other codes with similar times. On a RUC database review of 0-day global codes valued since 2010 with the same intraservice time and similar total times (between 23 and 27 minutes), the proposed value of 1.07 would fall within range of the resulting RVWs values, and would not be the most highly valued code within this grouping.

Key Reference Service
The most chosen reference codes by survey participants are common dermatologic procedures.

- **12006** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1cm to 30.0cm
- **11308** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm

Neither KRS code was chosen by a majority of the survey takers, at 14% and 12% respectively, and therefore the society was not confident these were representative for comparison.

MPC Codes
Our recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post
96921*	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	1.30	42	7	30	5
96921**	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	1.07	25	10	12	3
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.00	17	7	7	3
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	24	12	7	5
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.14	27	7	15	5

*Current
**Recommendations

Summary
In summary, our expert panel recommends using the survey median intraservice work of 12 minutes, and crosswalking the wRVU values from CPT code 12011, as the surveyed wRVU for 96921 was similar at the 25th percentile (1.25) and higher at the median (1.57) to current values, but the times indicated were less.

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) 96921

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 Dermatology 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? 50,848
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 50848 Percentage 78.30 %

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? 25,424 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2021 Medicare utilization rate.

Specialty Dermatology Frequency 25424 Percentage 78.30 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

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 96921

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96922 Tracking Number Original Specialty Recommended RVU: **1.57**
Presented Recommended RVU: **1.32**
Global Period: 000 Current Work RVU: **2.10** RUC Recommended RVU: **1.32**

CPT Descriptor: Excimer laser treatment for psoriasis; over 500 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has more than 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

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%

Description of Pre-Service Work: Review patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further unwanted UV exposure and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023		
Presenter(s):	Alice Gottlieb, MD, FAAD, Alexandra Flamm, MD, FAAD, Howard Rogers, MD, FAAD, Alina Bridges, MD, FAAD		
Specialty Society(ies):	American Academy of Dermatology Association (AADA)		
CPT Code:	96922		
Sample Size:	250	**Resp N:**	41
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	7.00	**11.00**	50.00	270.00
Survey RVW:	0.60	1.32	**2.21**	2.90	6.00
Pre-Service Evaluation Time:			**14.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	12.00	**18.00**	25.00	50.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96922	**Recommended Physician Work RVU: 1.32**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**		**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
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Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12007	000	2.90	**RUC Time**

CPT Descriptor
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12018	000	3.61	**RUC Time**

CPT Descriptor
Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	20,365

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 17.5 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96922	Top Key Reference CPT Code: 12007	2nd Key Reference CPT Code: **12018**
Median Pre-Service Time	10.00	11.00	11.00
Median Intra-Service Time	18.00	35.00	45.00
Median Immediate Post-service Time	0.00	8.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**28.00**	**54.00**	**64.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	14%	57%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	29%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	28%	14%	28%

Physical effort required	14%	29%	57%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	29%	57%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	43%	14%	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	14%	40%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	29%	14%	14%
Physical effort required	0%	29%	71%

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%	57%	14%

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.*

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In October 2017, the RUC recommended that the RAW review these services in 2 years (October 2019). In October 2019, we received the same recommendation (review services in two years ((January 2022)), since therapy for psoriasis had changed, and the utilization of these services may decrease.

In January 2022, the RAW reviewed the laser codes 96920-96922, noting that utilization continued to increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that this volume is appropriate due to changes in treatment and medication options for psoriasis. However, the RAW recommended that CPT codes 96920, 96921, and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting. In response, the society requested that these codes be referred to CPT to revise the code descriptors to treat expanded indications. The RAW agreed, and the codes were placed on the October 2022 CPT Panel agenda as an editorial revision.

During the October 2022 CPT meeting, the codes were withdrawn as CPT indicated that our changes would not be considered an editorial revision and that we needed to complete a long code change application for the codes. The long code change application was completed and submitted for the February 2023 CPT meeting.

During the pre-facilitation conference call for the February 2023 CPT meeting, the panel reviewers expressed concern about a lack of supporting literature to move forward with the code change applications. Specifically, they indicated that the list of other inflammatory diseases, including vitiligo, eczema, alopecia, and dermatitis, did not have sufficient supporting literature indicating clinical efficacy for treatment with excimer laser. The AADA CPT advisors then recommended expansion of the codes to add just vitiligo, but the reviewers maintained the argument of insufficient supporting literature as well as lack of literature to support the treatment of specific surface area size in this disease process. The CPT panel reviewers did not support the application. AADA was advised to withdraw the tab before the meeting, which was done.

Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process

The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation

The expert panel reviewed the survey data. It was felt that the current value would be inappropriate given the decrease in survey time. Our expert panel, which included work experts who frequently perform this procedure, felt that the work associated with this code has not changed it was last surveyed. It was also noted that the request for survey arose from a utilization screen as opposed to other mechanisms. However, in contrast to the other codes in this family, the RVW data for 96922 decreased similarly to the time.

Therefore, the expert panel recommends the 25th percentile, with a wRVU of 1.32. This would represent a decrease from current value of 2.10.

Key Reference Service

The most chosen reference codes by survey participants are common dermatologic procedures.

- **12007** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
- **12018** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

Neither KRS code was chosen by a majority of the survey takers, at 17.5% and 17.5% respectively, and therefore society was not confident these were representative for comparison.

MPC Codes

Our recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post
96922*	Excimer laser treatment for psoriasis; over 500 sq cm	2.10	57	7	45	5
96922**	Excimer laser treatment for psoriasis; over 500 sq cm	1.32	31	10	18	3
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	1.22	27	7	15	5
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	1.44	29	7	17	5

*Current
**Recommendation

Summary

In summary, our expert panel recommends using the survey median intraservice work of 18 minutes, and recommending the 25th percentile of wRVU data at 1.37, which would align with the noted decreases in time within the survey data and still maintain relativity within the code family.

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) 96922

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 Dermatology 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? 28048
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 28048 Percentage 82 %

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? 14,024 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This rationale is based on the 2021 Medicare utilization rates for the year 2021

Specialty Dermatology Frequency 14024 Percentage 82.00 %

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:
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 96922

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

ISSUE: Laser Therapy Codes 96920-96922
TAB: 8

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted	000	2017	6	0.0351	0.028			1.01			36	10					16			10															
2nd REF	12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk	000	2014	5	0.0650	0.048			1.97			41	8	2	1			25			5															
CURRENT	96920	**Laser treatment for inflammatory skin disease (psoriasis); total area less than**	000	2012		0.0383	0.033			1.15			35	7					23			5															
SVY	96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than	000		41	0.1031	0.048	0.50	1.11	1.45	2.00	85.00	30	12	3	2	1	5	10	10	25	3												0	10	50	125	900
XWALK	20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg,	000	2014		0.0691	0.037			1.00			27	5	2	5			10			5															
REC	96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	000			0.0723	0.043			1.00			23	7	2	1			10			3															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk	000	2014	7	0.0675	0.051			2.39			47	8	2	1			30			6															
2nd REF	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet,	000	2012	5	0.0494	0.039			1.46			37		1	5			26			5															
CURRENT	96921	**Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500**	000	2012		0.0344	0.031			1.30			42	7					30			5															
SVY	96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq	000		41	0.0903	0.045	0.60	1.25	1.57	2.35	4.50	35	15	3	2	1	7	12	20	35	3												0	10	21	75	342
XWALK	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or	000	2010		0.0680	0.045			1.07			24	5	1	1			12			5															
REC	96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	000			0.0661	0.043			1.07			25	7	2	1			12			3															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk	000	2014	7	0.0711	0.054			2.90			54	8	2	1			35			8															
2nd REF	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or	000	2010	7	0.0711	0.056			3.61			64	8	2	1			45			8															
CURRENT	96922	**Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**	000	2012		0.0407	0.037			2.10			57	7					45			5															
SVY	96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	000		40	0.0965	0.054	0.60	1.32	2.21	2.90	6.00	41	14	3	3	1	12	18	25	50	3												0	7	11	50	270
REC	96922	Excimer laser treatment for psoriasis; over 500 sq cm	000			0.0580	0.043			1.32			31	7	2	1			18			3															

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):96920, 96921, 96922**
SPECIALTY SOCIETY: _American Academy of Dermatology Association
PRESENTER(S): Lawrence Green, MD, FAAD, Brent Moody, MD, FAAD, Howard Rogers, MD, FAAD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2023

CPT Code	Long Descriptor	Global Period
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	000
96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	000
96922	Excimer laser treatment for psoriasis; over 500 sq cm	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
96920	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has still less than 250 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.
96921	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has between 250 sq cm and 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.
96922	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has more than 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

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:
   Subject Matter Experts who perform this procedure as routine reviewed current PE inputs and modified them to reflect current practice.

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:
   N/A
   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?
   This code is **not** typically reported with an E/M service in any setting.
   See the *Billed Together* tab in the RUC Database.

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.

   Dermatology dominates the reporting in all settings with 76.7% of all billing for this service in the non-facility setting and 76.5% in all sites.

   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 society is requesting an increase in practice expense. Since surveying the code last in 2012, the business model for the excimer laser has changed. The primary company for the excimer laser, STRATA, which controls the majority of the market of the lasers in the United States, has provided evidence that the purchase model is no longer dominant. They have presented an attestation stating that the majority of their business model is through the partnership program (eg, subscription-based model) that is a pay-per-use. The current equipment cost represents outdated data and a flawed methodology.

   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.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are recommending an addition of 2 mins for positioning given the need for multiple repositionings to access areas to be treated that need to have EMLA applied before the procedure begins.

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 2nd 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:

Previously 5 minutes, maintain current.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Room preparation is completed including turning on the FDA approved excimer laser (308 nm) as it takes time to warm up. The patient is greeted by clinical staff, brought to treatment room and provided with a gown. Clinical staff ensures appropriate medical records are available. The clinical staff obtains vital signs including temperature, respiratory rate, BP and pulse. Clinical staff reviews the treatment procedure with the patient, obtains patient consent and confirms the order. Once the patient is gowned, photos are obtained of the treatment areas. EMLA cream is applied to pre-determined areas prone to pain or burning. The patient is positioned by the clinical staff to allow for ease of initial treatment.

    b. Service period (includes pre, intra and post):

The clinical staff is present with the physician and actively assists the physician throughout the procedure. The clinical staff ensures the patient is wearing the required UV goggles throughout the treatment. The physician and clinical staff also wear UV goggles. Face shields are worn by physician and clinical staff to prevent any splashing due to mineral oil or other ointments. Clinical staff assists the physician with patient re-positioning the patient throughout the entire treatment, holding any body parts to ease access (including holding skin folds back), shifting or replacing and taping the fenestrated

drapes, as well as applying necessary topical agents throughout the procedure. Clinical staff applies ice packs to previously treated areas where there is discomfort. During the procedure the clinical staff and physician will change gloves as needed due to the use of mineral oil and other ointments.

c. Post-service period:

The clinical staff provides disposable towels for the patient to clean off excess mineral oil and ointments. The patient is monitored by clinical staff in the room and the treated areas are checked for any redness, burns or other reactions. Clinical staff applies mupirocin 2% topical ointment and sunscreen to areas as directed by the physician. Instructions are given to the patient regarding home care, including any special attention a treated area may need. The clinical staff clean the treatment room and carefully clean the laser. The clinical staff will remind the patient when to return for the next treatment and answer any questions the patient presents.

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 as noted above in 10b

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

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 2nd 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 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

On line 129, 130, and 131, we added the laser, excimer, pay per use based on size of treatment area. This piece of equipment is typically used via a subscription or a rental model. The dermatologist does not own the laser, rather the laser is placed in the dermatologist's office, and the practice buys a series

of treatments. These treatments are purchased generally in packs of 10 and are based upon the size of the area being treated which corresponds to the 3 codes. We have included a paid invoice as well as a usage agreement from the manufacturer.

On line 132 we added Mupirocin 2% Topical Ointment 22 grams. Following the laser treatment, the physician applies mupirocin to areas of blistering, erosion, and/or impending skin breakdown. An invoice is attached.

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 -SA048

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th 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	

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th 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

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 Latitute 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 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

CMS Code	Useful Life	Price	Utilization Rate	Min/Year	Cost/Year
EQ168 light, exam	10	1232.887	0.5	150000	0.003271745
EF031 table, power	10	5906.76	0.5	150000	0.015674926
ED005 camera, digital system, 12 megapixel (medical grade)	5	5607.182	0.5	150000	0.022216755

The EQ168 light is used during pre-, intra and post-service time and thus tied to the entire clinical staff time (line 10). The light allows the clinical staff and physician to easily identify the plaques as well as take well-lit photos. The light is also used during the procedure to illuminate the treatment areas to allow the physician to achieve optimal results and minimize potential risks that may occur. During post-service the light is on to allow the physician and clinical staff to identify any areas of concern and allow for ease to apply any ointments.
The EF031 table, power is used for the entirety of the procedure and tied to the entire clinical staff time (line 10).
The ED005 camera is used to capture images of the patient's lesions in pre-service time as part of the initial 2 minutes for set-up of the procedure (CA016). The photos are used by the physician to track the course of treatment and clearance of lesions over time.

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)

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):96920, 96921, 96922**
SPECIALTY SOCIETY: _American Academy of Dermatology Association
PRESENTER(S): Lawrence Green, MD, FAAD, Brent Moody, MD, FAAD, Howard Rogers, MD, FAAD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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. *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.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**96920**		**96920**		**96921**		**96921**		**96922**		**96922**	
3		***RUC Collaboration Website***				laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
4	**Clinical Activity Code**	**Meeting Date: 4/2023** **Revision Date (if applicable):** **Tab: 08** **Specialty: Dermatology**	**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**
6		**GLOBAL PERIOD 000**															
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ 82.09**	**$ -**	**$ -**	**$ -**	**$ 85.50**	**$ -**	**$ -**	**$ -**	**$ 103.06**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**44.0**	**0.0**	**38.0**	**0.0**	**47.0**	**0.0**	**40.0**	**0.0**	**57.0**	**0.0**	**46.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**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			**44.0**	**0.0**	**38.0**	**0.0**	**47.0**	**0.0**	**40.0**	**0.0**	**57.0**	**0.0**	**46.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**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 RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**															
14		**Start: Following visit when decision for surgery/procedure made**															
15	CA001		L037D														
16	CA002		L037D														
17	CA003		L037D														
18	CA004		L037D														
19	CA005		L037D														
20	CA006		L037D														
21	CA007		L037D														
22	CA008		L037D														
23			L037D														
26		*Other activity: please include short clinical description here and type*	L037D														
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		L037D			3		3		3		3		3		3	
34	CA010		L037D			5		5		5		5		5		5	
35	CA011		L037D			3		**2**		3		**2**		3		**2**	
36	CA012		L037D														
37	CA013		L037D			5		5		5		5		5		5	
38	CA014		L037D			2		**0**		2		**0**		2		**0**	
39	CA015		L037D														
40	CA016		L037D					2				2				2	
41	CA017		L037D														
42			L037D														
45		*Other activity: please include short clinical description here and type*	L037D														
48		**Intra-service (of service period)**															
49	CA018		L037D					10				12				18	
50	CA019		L037D														
51	CA020		L037D														
52	CA021		L037D			17				20				30			
55			L037D														
56		*Other activity: please include short clinical description here and type*	L037D														
59		**Post-Service (of service period)**															
60	CA022		L037D														
61	CA023		L037D			3		3		3		3		3		3	
62	CA024		L037D			3		5		3		5		3		5	
63	CA025		L037D														
64	CA026		L037D														
65	CA027		L037D														
66	CA028		L037D														
67	CA029		L037D			3		3		3		3		3		3	
68	CA030		L037D														
69	CA031		L037D														
70	CA032		L037D														
71	CA033		L037D														
72	CA034		L037D														
73	CA035		L037D					**0**				**0**				**0**	
74	CA036		L037D			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
75			L037D														
78		*Other activity: please include short clinical description here and type*	L037D														
81		**End: Patient leaves office/facility**															
82		**POST-SERVICE PERIOD**															
83		**Start: Patient leaves office/facility**															
84	CA037		L037D														
85	CA038		L037D														
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16														
88		99212 27 minutes	27														
89		99213 36 minutes	36														
90		99214 53 minutes	53														
91		99215 63 minutes	63														
92	CA039		L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D														

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**96920**		**96920**		**96921**		**96921**		**96922**		**96922**	
3		***RUC Collaboration Website***				laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
4	**Clinical Activity Code**	**Meeting Date: 4/2023** **Revision Date (if applicable):** **Tab: 08** **Specialty: Dermatology**	**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**
6		**GLOBAL PERIOD 000**															
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ 82.09**	**$ -**	**$ -**	**$ -**	**$ 85.50**	**$ -**	**$ -**	**$ -**	**$ 103.06**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**44.0**	**0.0**	**38.0**	**0.0**	**47.0**	**0.0**	**40.0**	**0.0**	**57.0**	**0.0**	**46.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**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			**44.0**	**0.0**	**38.0**	**0.0**	**47.0**	**0.0**	**40.0**	**0.0**	**57.0**	**0.0**	**46.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
96		*Other activity: please include short clinical description here and type*	L037D														
99		**End: with last office visit before end of global period**															

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**96920**		**96920**		**96921**		**96921**		**96922**		**96922**	
3		***RUC Collaboration Website***				laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
4	**Clinical Activity Code**	**Meeting Date: 4/2023 Revision Date (if applicable): Tab: 08 Specialty: Dermatology**	**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**
6		**GLOBAL PERIOD 000**															
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ 82.09**	**$ -**	**$ -**	**$ -**	**$ 85.50**	**$ -**	**$ -**	**$ -**	**$ 103.06**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**44.0**	**0.0**	**38.0**	**0.0**	**47.0**	**0.0**	**40.0**	**0.0**	**57.0**	**0.0**	**46.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**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			**44.0**	**0.0**	**38.0**	**0.0**	**47.0**	**0.0**	**40.0**	**0.0**	**57.0**	**0.0**	**46.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**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**				**$ -**	**$ -**	**$ 82.09**	**$ -**	**$ -**	**$ -**	**$ 85.50**	**$ -**	**$ -**	**$ -**	**$ 103.06**	**$ -**
102	SA048					1		1		1		1		1		1	
103	SB006					1		0		1		0		1		0	
104	SB011					2		2		2		2		2		4	
105	SB019					1		1		2		2		4		2	
106	SB023					0		2		0		2		0		**3**	
107	SB024					2		0		2		0		2		0	
108	SB027					2		2		2		2		2		2	
109	SB034					0		2		0		2		0		2	
110	SB044					2		2		2		2		2		2	
111	SG056					2		2		3		3		4		4	
112	SG079					1		12		1		12		1		12	
113	SG082					6		0		6		0		6		0	
114	SH030					0		1		0		1		0		1	
115	SH050					1		0		1		0		1		0	
116	SH072					1		1		1		1		1		1	
117	SJ008					1		0		1		0		1		0	
118	SJ026					12		12		12		12		12		12	
119	SJ027					1		0.3		1		0.3		1		0.3	
120	SJ029					1		1		2		2		4		4	
121	SJ035					2		2		4		4		8		8	
122	SJ038					1		0		1		0		1		0	
123	SK075					1		1		1		1		1		1	
124	SK078					1		1		1		1		1		1	
125	SK082					6		6		6		6		6		6	
126	SL006					1		0		1		0		1		0	
127	SM016					2		**0**		2		**0**		2		**0**	
128	SM022					3		3		3		3		3		3	
129	NEW	laser, excimer, pay per use (under 250 cm^2)	80	item		0		1		0		0		0		0	
130	NEW	laser, excimer, pay per use (250-500 cm^2)	83	item		0		0		0		1		0		0	
131	NEW	laser, excimer, pay per use (> 500cm^2)	100	item		0		0		0		0		0		1	
132	NEW	Mupirocin 2% Topical Ointment 22 grams	0.13909	gram		0		15		0		18		0		22	
133		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D*															
135		**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**												
136	**Equipment Code**	**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
137	EQ168			Other		26		38.0		29		40.0		39		46.0	
138	EQ161					26				29				39			
139	EF031			Other		26		38.0		29		40		39		46.0	
140	ED005			Other		3		2		4		2		5		2	
141																	
142		*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.*															
144																	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Different Performing Specialty*

April 2023

Acupuncture-Electroacupuncture – Tab 09

In September 2022, the Relativity Assessment Workgroup identified the acupuncture codes with 2020 Medicare utilization over 10,000 where the service was surveyed by one specialty but is now performed by a different specialty. CPT codes 97810, 97811, 97813, and 97814 were surveyed by the American Chiropractic Association in April 2004. It is important to note that since January 1, 2020, CMS has paid for acupuncture selectively for patients with lower back pain. Therefore, the RUC database reflects two years of claims data which reflects physical medicine and rehabilitation, family medicine, and internal medicine as the top performing specialties. However, Medicare does not cover these services when reported by chiropractors and therefore, the Medicare utilization data does not include these services when provided by chiropractors. The Workgroup confirmed that chiropractors are involved and should be part of the level of interest and survey process. CPT codes 97810-97814 were surveyed for April 2023 RUC meeting.

During the RUC presentation, it was clarified that because the work RVU recommendations are, in some instances, below the current value and the utilization is expected to be the same, this family of codes is budget neutral as it does not exceed current spending. Therefore, compelling evidence for this tab is not required based on RUC standards. The increases from the current work RVU for base codes 97810 and 97813 are supported by a strong survey that includes a representative sample of survey respondents from the top performing specialties. Moreover, the median number of needles placed during the service has increased from the original recommendation. The physician or other qualified healthcare professional work throughout these four services has been refined since the last RUC HCPAC valuation. The changes involve the patient preparation based on current guidelines related to the Clean Needle Technique (CNT) and the guidance on how to approach treatment has changed slightly based on the patient's condition. This is due to the intersection of eastern and western medicine, as conditions being treated by acupuncture are better understood, the approach to treatment has modernized and informs the practitioners medical decision making.

97810 ***Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient***
The RUC reviewed the survey results from 36 physicians and chiropractors and recommends a work RVU of 0.61 based on the survey 25th percentile, which maintains relativity within the family. The RUC recommends 5 minutes of pre-service time, 13 minutes intra-service time, 5 minutes immediate post-service time, and 23 minutes total time.

For this service, the practitioner inserts sterile, single use, solid filament needles and manually stimulates the needles. The median number of needles used for the initial portion of a typical patient encounter for acupuncture without electric stimulation, as described by one unit of this base code, is 13 needles. The patient rests with the needles for 15 minutes and the practitioner monitors and re-stimulates the needles as needed until the desired effect is achieved. The needles are then removed.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 97140 *Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes* (work RVU = 0.43, 15 minutes

intra-service, and 19 minutes total time) and 98940 *Chiropractic manipulative treatment (CMT); spinal, 1-2 regions* (work RVU = 0.46, 7 minutes intra-service, and 15 minutes total time). The surveyed code is valued appropriately higher when compared to the key reference codes given the typical number of needles and total time to perform the service. For example, the number of typical needles to reach the desired effect is higher than that of the number of regions treated in the key reference services, which supports a higher work RVU for the surveyed code. For additional support, the RUC referenced HCPAC MPC code 97802 *Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes* (work RVU = 0.53, 15 minutes intra-service, and 17 minutes total time). The surveyed code is valued appropriately higher when compared to the MPC code given the work to manually manipulate the needles and overall higher total time. **The RUC recommends a work RVU of 0.61 for CPT code 97810.**

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)***
The RUC reviewed the survey results from 32 physicians and chiropractors and recommends a work RVU of 0.46 based on the survey 25th percentile, which maintains relativity within the family for this add-on code. The RUC recommends 0 minutes of pre-service time, 11 minutes intra-service time, 0 minutes immediate post-service time, and 11 minutes total time.

Following the initial service, the practitioner selects and prepares new treatment points. The practitioner inserts sterile, single use, solid filament needles and manually stimulates the needles. The median number of needles used for the portion of the typical patient encounter for acupuncture without electric stimulation, as described by one unit of this add-on code, is 10 needles. The patient rests with the needles for 15 minutes and the practitioner monitors and re-stimulates the needles as needed until the desired effect is achieved. The needles are then removed. The median number of times this add-on code will be reported with the primary service is 1, based on the 2021 Medicare claims data.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 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)* (work RVU = 0.86, 30 minutes intra-service and total time) and MPC code 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)* (work RVU = 0.35, 15 minutes intra-service and total time). The surveyed code work RVU is appropriately bracketed by the key reference services given that the work RVU falls at the midpoint of the reference codes with approximately 10 needles placed during the add-on service. However, the key reference code's time to perform the add-on services is higher given that the physician or qualified health care professional reviews at least 20 voluntary motor units. For additional support, the RUC referenced HCPAC MPC code 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)* (work RVU = 0.50, 15 minutes intra-service and total time) which is valued appropriately higher than the surveyed code, given the higher intra-service and total time. **The RUC recommends a work RVU of 0.46 for CPT code 97811.**

97813 ***Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient***
The RUC reviewed the survey results from 33 physicians and chiropractors and recommends a work RVU of 0.74 based on the survey 25th percentile, which maintains relativity within the family. The RUC recommends 5 minutes of pre-service time, 15 minutes intra-service time, 5 minutes immediate post-service time, and 25 minutes total time.

For this service, the practitioner inserts sterile, single use, solid filament needles. The median number of needles used for the initial portion of the typical patient encounter for acupuncture with electric stimulation, as described by one unit of this base code, is 14 needles. The practitioner attaches electrodes to the needles and the appropriate frequency and waveform is selected and manipulated based on patient tolerance. The patient rests with the needles for 15 minutes and the practitioner monitors and re-adjusts the electrical stimulation as needed until the desired effect is achieved. The needles are then removed.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 98941 *Chiropractic manipulative treatment (CMT); spinal, 3-4 regions* (work RVU = 0.71, 10 minutes intra-service, and 20 minutes total time) and 20560 *Needle insertion(s) without injection(s); 1 or 2 muscle(s)* (work RVU = 0.32, 10 minutes intra-service, and 16 minutes total time). The surveyed code is valued appropriately higher when compared to the key reference services given that the intra-service and total times are higher. Further, this code is valued appropriately within the family given that it requires the most time, highest median number of needles, and electrical stimulation. For additional support, the RUC referenced MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report* (work RVU = 0.70, 15 minutes intra-service, 20 minutes total time), which appropriately supports the surveyed code work RVU as the intra-service time is identical and the total time of the surveyed code is appropriately higher. **The RUC recommends a work RVU of 0.74 for CPT code 97813.**

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)***
The RUC reviewed the survey results from 29 physicians and chiropractors and recommends a work RVU of 0.47 based on the survey 25th percentile, which maintains relativity within the family for this add-on code. The RUC recommends 0 minutes of pre-service time, 15 minutes intra-service time, 0 minutes immediate post-service time, and 15 minutes total time.

Following the initial service, the practitioner selects and prepares new treatment points. The practitioner then inserts sterile, single use, solid filament needles. The median number of needles used for the portion of the typical patient encounter for acupuncture with electric stimulation, as described by one unit of this add-on code, is 10 needles. The practitioner attaches electrodes to the needles and the appropriate frequency and waveform is selected and manipulated based on patient tolerance. The patient rests with the needles for 15 minutes and the practitioner monitors and re-adjusts the electrical stimulation as needed until the desired effect is achieved. The needles are then removed. The median number of times this add-on code will be reported with the primary service is 1, based on the 2021 Medicare claims data.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference MPC code 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)* (work RVU = 0.35, 15 minutes intra-service and total time), noting the identical intra-service times, and the second highest key reference code 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)* (work RVU = 0.86, 30 minutes intra-service and total time). The surveyed code work RVU is appropriately bracketed by the key reference services given that physician or other qualified healthcare provider work falls in the middle of the reference codes with approximately 10 needles carefully placed with electrical stimulation during the intra-service time. For additional support, the RUC referenced HCPAC MPC code 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) (work RVU = 0.55, 15 minutes intra-service and total time), which requires similar work and has identical intra-service and total time. **The RUC recommends a work RVU of 0.47 for CPT code 97814.**

Practice Expense
The Practice Expense (PE) Subcommittee discussed and accepted compelling evidenced based on "Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data." According to the RUC database, the acupuncture codes were originally presented only by the American Chiropractic Association. Medicare claims data for 2021 show the service is now done primarily by physicians in physical medicine and rehabilitation and family medicine.

The Subcommittee reviewed the direct practice expense inputs and made several modifications as detailed in the PE SOR. The specialty societies and the RUC agreed with the median number of needles used per service (97810 = 13, 97811 = 10, 97813 = 14, 97814 = 10) and discussed that almost all MDs, DOs, DCs, and PTs use Seirin needles. **The RUC noted that CMS should review the pricing of SC075 *needle, acupuncture* to ensure it reflects accurate current pricing for the typical Seirin needles.**

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

RAW Flag
The RUC recommends flagging CPT codes 97810, 97811, 97813, and 97814 since the survey responses for code 97814 fell just below the threshold of 30 responses based on the most recent year of Medicare utilization. These services will be reviewed by the Relativity Assessment Workgroup in three years. 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 appropriate action.

CPT Code	CPT Descriptor		Global Period	Work RVU Recommendation
Acupuncture				
	Acupuncture is reported based on 15-minute increments of personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.			
	If no electrical stimulation is used during a 15-minute increment, use 97810, 97811. If electrical stimulation of any needle is used during a 15-minute increment, use 97813, 97814.			
	Only one code may be reported for each 15-minute increment. Use either 97810 or 97813 for the initial 15-minute increment. Only one initial code is reported per day.			

Evaluation and management services may be reported in addition to acupuncture procedures, when performed by physicians or other health care professionals who may report evaluation and management (E/M) services, including new or established patient office or other outpatient services (99202-99215), hospital inpatient or observation care (99221-99223, 99231-99233), office or other outpatient consultations (99242, 99243, 99244, 99245), inpatient or observation consultations (99252, 99253, 99254, 99255), critical care services (99291, 99292), inpatient neonatal intensive care services and pediatric and neonatal critical care services (99466-99480), emergency department services (99281-99285), nursing facility services (99304-99316), and home or residence services (99341-99350), separately using modifier 25 if the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual preservice and postservice work associated with the acupuncture services. The time of the E/M service is not included in the time of the acupuncture service. For needle insertion(s) without injection(s) (eg, dry needling, trigger point acupuncture), see 20560, 20561.			
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient (Do not report 97810 in conjunction with 97813)	XXX	0.61
97811	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) (Use 97811 in conjunction with 97810, 97813)	ZZZ	0.46
97813	with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient (Do not report 97813 in conjunction with 97810)	XXX	0.74
97814	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) (Use 97814 in conjunction with 97810, 97813) (Do not report 97810, 97811, 97813, 97814 in conjunction with 20560, 20561. When both time-based acupuncture services and needle insertion[s] without injection[s] are performed, report only the time-based acupuncture codes)	ZZZ	0.47

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97810 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.61**
Global Period: XXX Current Work RVU: **0.60** RUC Recommended RVU: **0.61**

CPT Descriptor: Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old patient presents for repeat treatment of non-traumatic low back pain of 3 weeks duration. The patient reports lower back pain and limited range of motion.

Percentage of Survey Respondents who found Vignette to be Typical: 66%

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 practitioner reviews the chart. The provider obtains an account of the response to the previous treatment and any significant changes that have occurred since the last visit. The patient is evaluated, and thirteen points are selected and marked for today's treatment. The practitioner selects the appropriate needle lengths and gauges for this treatment. Needles are removed from packaging and are placed in a stainless-steel tray. The patient is positioned comfortably prior to initiation of treatment.

Description of Intra-Service Work: The patient is prepped with 70% isopropyl alcohol to the treatment sites. The practitioner then inserts sterile, single use, solid filament needles and manually stimulates needles. The patient is instructed to rest for 15 minutes while the needles are retained.
The practitioner monitors the patient to re-stimulate the needles and to inquire about patient comfort and treatment response.

Description of Post-Service Work: When the desired effect is achieved, the practitioner removes the needles and applies pressure to the points with a cotton ball to prevent bruising or bleeding. The practitioner counts the needles to ensure all needles are removed for disposal. The practitioner then assists the patient to an upright position, making sure that the patient does not feel faint. Provider discusses expectations, exercise limitations and any other relevant post-service instructions. Final documentation is recorded in the patient chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023		
Presenter(s):	Kris Anderson, DC, MS; Leo Bronston, DC,MAppSc; Gary Estadt, DC; Bradly Fox, MD; Carlo Milani, MD; David Reece, DO		
Specialty Society(ies):	American Academy of Family Physicians, American Academy of Physical Medicine & Rehabilitation, and American Chriopractic Association		
CPT Code:	97810		
Sample Size:	1116	**Resp N:**	36
Description of Sample:	AAFP: Random sample of 300 members plus targeted sample of members who perform acupuncture according to Medicare claims data or who are also members of the American Academy of Medical Acupuncture (approved by Research Subcommittee) AAPM&R: Random sample of 300 members plus targeted sample of members who perform acupuncture according to Medicare claims data or who are also members of the American Academy of Medical Acupuncture (approved by Research Subcommittee) ACA: A random sample of the entire ACAs Council on Chiropractic Acupuncture and targeted lists of doctors of chiropractic who are registered to perform acupuncture in the states of Ohio and Texas		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	48.00	**338.00**	800.00	5200.00
Survey RVW:	0.30	0.61	**0.79**	1.00	10.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**13.00**	20.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97810	**Recommended Physician Work RVU: 0.61**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**13.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97140	XXX	0.43	**RUC Time**

CPT Descriptor Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
98940	000	0.46	**RUC Time**

CPT Descriptor Chiropractic manipulative treatment (CMT); spinal, 1-2 regions

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97802	XXX	0.53	**RUC Time**	195,588

CPT Descriptor 1 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.70	**RUC Time**	9,448,386

CPT Descriptor 2 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.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 16.6 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 97810	Top Key Reference CPT Code: 97140	2nd Key Reference CPT Code: 98940
Median Pre-Service Time	5.00	2.00	4.00
Median Intra-Service Time	15.00	15.00	7.00
Median Immediate Post-service Time	5.00	2.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**19.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	67%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	17%	83%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	33%	67%
Physical effort required	83%	0%	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	0%	33%	67%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	17%	50%
Physical effort required	83%	17%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	67%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendation Summary

97810 – The societies recommend the 25th percentile work RVU of 0.61 and the survey times of 5/13/5 for a total time of 23 minutes.

Background

Acupuncture codes 97810, 97811, 97813 and 97814 were presented to CPT in late 2003 and valued at the April 2004 RUC meeting based on a survey by the American Chiropractic Association. The codes have not been resurveyed since that original 2004 survey, which was presented to HCPAC and included responses only from chiropractors. The four acupuncture codes became active CPT codes in 2005, but CMS continued their longstanding decision not to pay for acupuncture until a new coverage decision was made effective January 1, 2020. Effective that date, CMS now pays for acupuncture only for patients with low back pain, which they have specifically defined. The RUC database includes claims data for the acupuncture codes from 2020 and 2021, with Physical Medicine and Rehabilitation being the most common biller of these services followed by family medicine, internal medicine, and nurse practitioners. It is also important to note, that CMS does not pay chiropractors for acupuncture, although chiropractors provide this service outside of Medicare.

The RAW identified the acupuncture codes on the "different performing specialty from survey" screen. AAPM&R, AAFP and ACA presented an action plan to the RAW in January 2023 recommending a survey of all four acupuncture codes due to fact that the codes had not been surveyed since 2004 and, given the recent Medicare coverage decision, the dominant specialty has changed.

Compelling Evidence

The societies are recommending an increase to codes 97810 and 97813, we will therefore be presenting a compelling evidence argument for the family.

The societies believe these codes meet compelling evidence due to a change in specialty and flawed methodology. The 2004 survey of the acupuncture and electroacupuncture codes was conducted solely by the American Chiropractic Association and did not include any of the top performing specialties who currently use the code. We also believe there is evidence that incorrect assumptions were made in the previous valuation of the service. The societies recognize that a flawed crosswalk was used in the 2004 valuation. Code 98941, Chiropractic manipulative treatment (CMT); spinal, 3-4 regions, was used to support the value for code 97813, and then the surveyed rank order was applied for 97810, 97811 and 97814. Code 98941 was subsequently revalued in 2012 and was determined to have been previously valued based on flawed methodology, which includes the time period it was used to value 97813.

Survey

The participating specialties anticipated several challenges in surveying the acupuncture codes. Specifically, both AAPM&R and AAFP have members who perform acupuncture, but do not have a way of identifying these members in their member databases. The ACA does have a designated Council on Chiropractic Acupuncture, but it includes less than 200 members. To address this, the three societies included both a random sample and a Research Subcommittee approved targeted sample in the survey distribution. The survey was open for a three-week period and several reminders were sent to encourage more participation. Despite these efforts, the survey response numbers were low for all codes, however all codes except for 97814 met the required threshold for a valid survey.

The societies added two questions to the standard survey template to obtain additional information to inform recommendations. Participants were asked to indicate the typical number of needles used for each code surveyed. Median data is in the table below.

Code	Median # of Needles
97810	13
97811	10
97813	14
97814	10

Participants were asked to indicate the typical number of units of each add on code when billed. Median data is in the table below.

Code	Median # Units

	Billed
97811	2
97814	2

Data Discussion and Recommendation
Upon review of the data, the societies believe the survey supports recommendation of the 25th percentile RVU for the three of the four codes. The survey 25th percentile indicates an increase of 0.01 RVU over current value for base code 97810, a reduction of 0.04 RVU for add on code 97811, and an increase of 0.09 RVU for base code 97813. The societies believe this is supported by a small increase in time for code 97810 and 97813, and a decrease in time for 97811. The societies believe maintaining current value for add-on code 97814 is most appropriate because the intra-service time for that code did not change. In addition to the supporting MPC codes in the individual SORs, we've included comparison codes which support our recommendations in the tables at the end of this rationale.

Code Specific Recommendation

97810
Code 97810 Survey Data and Recommendation: The societies obtained 36 responses for code 97810 including 17 targeted sample responses and 19 random sample responses. This included 5 AAFP responses, 11 AAPM&R responses and 20 ACA responses.
Combined survey data resulted in a 25th percentile RVU of 0.61 and median RVU of 0.79 with times of 5/13/5 for a total time of 23.
97810 – The societies recommend the 25th percentile work RVU of 0.61 and the survey times of 5/13/5 for a total time of 23 minutes.

Codes Supporting the Recommendation for 97810 (Global XXX)

Code	Descriptor	wRVU	Intra Time	Total Time
76982	Ultrasound, elastography; first target lesion	0.59	10	20
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	0.60	10	15
97810 (rec)	**Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**	**0.61**	**13**	**23**
78300	Bone and/or joint imaging; limited area	0.62	10	20
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	0.66	5	21
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	0.67	15	27

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.

	Code	Global	Work RVU	Pre	Intra	Post
3.	97810	XXX	0.61	5	13	5
4.	97811	ZZZ	0.46		15	
5.	97811	ZZZ	0.46		15	
6.	Totals		1.53	5	38	5
7.						

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97810

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 Physical Medicine and Rehabilitation How often? Sometimes

Specialty Family Medicine How often? Rarely

Specialty Chiropractor How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 159000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number reflects approximately 3 times the amount this service is billed in the Medicare population.

Specialty Physical Medicine and Rehabilitation Frequency 54060 Percentage 34.00 %

Specialty Internal Medicine Frequency 28620 Percentage 18.00 %

Specialty Family Medicine Frequency 20670 Percentage 13.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 53,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data is based on data in the most recent version of the RUC database

Specialty Physical Medicine and Rehabilitation Frequency 18020 Percentage 34.00 %

Specialty Internal Medicine Frequency 9540 Percentage 18.00 %

Specialty Family Medicine Frequency 6890 Percentage 13.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

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 97810

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:97811 Tracking Number Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.46**
Global Period: ZZZ Current Work RVU: **0.50** RUC Recommended RVU: **0.46**

CPT Descriptor: Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 47-year-old patient with a diagnosis of lower back pain and left anterior thigh pain presents for a return office visit. The patient is currently symptomatic, presenting with numbness and tingling into the left anterior and lateral thigh. The pain has been worse for the past 2 days. (Note: This is an add-on service. Only consider the additional work related to the additional physician or other QHP time beyond the initial 15 minutes reported with code 97810.)

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they 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:

Description of Intra-Service Work: Following removal of needles from the initial acupuncture service provided the practitioner adjusts the positioning of the patient. New points are selected to complete the treatment. After palpating to locate these new points, they are marked and prepped with 70% isopropyl alcohol to the treatment sites. Ten needles are selected, inserted, and manipulated to obtain the desired effect. The patient is instructed to rest for 15 minutes while these needles are retained. Periodically, the practitioner restimulates these needles.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023		
Presenter(s):	Kris Anderson, DC, MS; Leo Bronston, DC,MAppSc; Gary Estadt, DC; Bradly Fox, MD; Carlo Milani, MD, David Reece, DO		
Specialty Society(ies):	American Academy of Family Physicians, American Academy of Physical Medicine & Rehabilitation, and American Chriopractic Association		
CPT Code:	97811		
Sample Size:	1116	**Resp N:**	32
Description of Sample:	AAFP: Random sample of 300 members plus targeted sample of members who perform acupuncture according to Medicare claims data or who are also members of the American Academy of Medical Acupuncture (approved by Research Subcommittee) AAPM&R: Random sample of 300 members plus targeted sample of members who perform acupuncture according to Medicare claims data or who are also members of the American Academy of Medical Acupuncture (approved by Research Subcommittee) ACA: A random sample of the entire ACA Council on Chiropractic Acupuncture and targeted lists of doctors of chiropractic who are registered to perform acupuncture in the states of Ohio and Texas		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	28.00	**147.00**	812.00	5200.00
Survey RVW:	0.10	0.46	**0.59**	0.87	8.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	8.00	**11.00**	15.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	97811	**Recommended Physician Work RVU: 0.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95886	ZZZ	0.86	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95885	ZZZ	0.35	**RUC Time**

CPT Descriptor 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)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	378,950

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77001	ZZZ	0.38	**RUC Time**	269,997

CPT Descriptor 2 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)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 28.1 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 97811	Top Key Reference CPT Code: 95886	2nd Key Reference CPT Code: **95885**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	11.00	30.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**11.00**	**30.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	22%	22%	56%	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	44%	33%	22%

• Urgency of medical decision making	

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	44%	22%
Physical effort required	33%	44%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	44%	11%	44%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	17%	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	17%	50%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	33%	33%
Physical effort required	33%	33%	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	50%	33%	17%

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.

Recommendation Summary

The societies recommend the 25th percentile work RVU of 0.46 and the survey times of 0/11/0 for a total time of 11 minutes.

Background

Acupuncture codes 97810, 97811, 97813 and 97814 were presented to CPT in late 2003 and valued at the April 2004 RUC meeting based on a survey by the American Chiropractic Association. The codes have not been resurveyed since that original 2004 survey, which was presented to HCPAC and included responses only from chiropractors. The four acupuncture codes became active CPT codes in 2005, but CMS continued their longstanding decision not to pay for acupuncture until a new coverage decision was made effective January 1, 2020. Effective that date, CMS now pays for acupuncture only for patients with low back pain, which they have specifically defined. The RUC database includes claims data for the acupuncture codes from 2020 and 2021, with Physical Medicine and Rehabilitation being the most common biller of these services followed by family medicine, internal medicine, and nurse practitioners. It is also important to note, that CMS does not pay chiropractors for acupuncture, although chiropractors provide this service outside of Medicare.

The RAW identified the acupuncture codes on the "different performing specialty from survey" screen. AAPM&R, AAFP and ACA presented an action plan to the RAW in January 2023 recommending a survey of all four acupuncture codes due to fact that the codes had not been surveyed since 2004 and, given the recent Medicare coverage decision, the dominant specialty has changed.

Compelling Evidence

The societies are recommending an increase to codes 97810 and 97813, we will therefore be presenting a compelling evidence argument for the family.

The societies believe these codes meet compelling evidence due to a change in specialty and flawed methodology. The 2004 survey of the acupuncture and electroacupuncture codes was conducted solely by the American Chiropractic Association and did not include any of the top performing specialties who currently use the code. We also believe there is evidence that incorrect assumptions were made in the previous valuation of the service. The societies recognize that a flawed crosswalk was used in the 2004 valuation. Code 98941, Chiropractic manipulative treatment (CMT); spinal, 3-4 regions, was used to support the value for code 97813, and then the surveyed rank order was applied for 97810, 97811 and 97814. Code 98941 was subsequently revalued in 2012 and was determined to have been previously valued based on flawed methodology, which includes the time period it was used to value 97813.

Survey

The participating specialties anticipated several challenges in surveying the acupuncture codes. Specifically, both AAPM&R and AAFP have members who perform acupuncture, but do not have a way of identifying these members in their member databases. The ACA does have a designated Council on Chiropractic Acupuncture, but it includes less than 200 members. To address this, the three societies included both a random sample and a Research Subcommittee approved targeted sample in the survey distribution. The survey was open for a three-week period and several reminders were sent to encourage more participation. Despite these efforts, the survey response numbers were low for all codes, however all codes except for 97814 met the required threshold for a valid survey.

The societies added two questions to the standard survey template to obtain additional information to inform recommendations. Participants were asked to indicate the typical number of needles used for each code surveyed. Median data is in the table below.

Code	Median # of Needles
97810	13
97811	10
97813	14
97814	10

Participants were asked to indicate the typical number of units of each add on code when billed. Median data is in the table below.

Code	Median # Units Billed
97811	2
97814	2

Data Discussion and Recommendation

Upon review of the data, the societies believe the survey supports recommendation of the 25th percentile RVU for the three of the four codes. The survey 25th percentile indicates an increase of 0.01 RVU over current value for base code 97810, a reduction of 0.04 RVU for add on code 97811, and an increase of 0.09 RVU for base code 97813. The societies believe this is supported by a small increase in time for code 97810 and 97813, and a decrease in time for 97811. The societies believe maintaining current value for add-on code 97814 is most appropriate because the intra-service time for that code did not change. In addition to the supporting MPC codes in the individual SORs, we've included comparison codes which support our recommendations in the tables at the end of this rationale.

Code Specific Recommendation

97811

Code 97811 Survey Data and Recommendation: The societies obtained 32 responses for code 97811 including 15 targeted sample responses and 17 random sample responses. This included 5 AAFP responses, 9 AAPM&R responses and 18 ACA responses.

Combined survey data resulted in a 25th percentile RVU of 0.46 and median RVU of 0.59 with times of 0/11/0 for a total time of 11 minutes.

97811 – The societies recommend the 25th percentile work RVU of 0.46 and the survey times of 0/11/0 for a total time of 11 minutes.

Codes Supporting the Recommendation for 97811 (Global ZZZ)

Code	Descriptor	wRVU	Intra Time	Total Time
97811 (rec)	**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)**	**0.46**	**11**	**11**
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	0.50	10	24
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	0.50	15	15

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.

	Code	Global	Work RVU	Pre	Intra	Post
3.	97810	XXX	0.61	5	13	5
4.	97811	ZZZ	0.46		15	
5.	97811	ZZZ	0.46		15	
6.	Totals		1.53	5	38	5
7.						

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97811

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 Physical Medicine and Rehabilitation How often? Sometimes

Specialty Family Medicine How often? Rarely

Specialty Chriopractor How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 186000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number reflects approximately 3 times the amount this service is billed in the Medicare population.

Specialty Physical Medicine and Rehabilitation Frequency 76260 Percentage 41.00 %

Specialty Internal Medicine Frequency 26040 Percentage 14.00 %

Specialty Nurse Practitioner Frequency 22320 Percentage 12.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 62,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data is based on data in the most recent version of the RUC database

Specialty Physical Medicine and Rehabilitation Frequency 25420 Percentage 41.00 %

Specialty Internal Medicine Frequency 8680 Percentage 14.00 %

Specialty Nurse Practitioner Frequency 7440 Percentage 12.00 %

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:
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 97811

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:97813 Tracking Number Original Specialty Recommended RVU: **0.65**
Presented Recommended RVU: **0.74**
Global Period: XXX Current Work RVU: **0.65** RUC Recommended RVU: **0.74**

CPT Descriptor: Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 56-year-old patient returns for a repeat visit to treat lower back and right sciatic pain. The patient reports that the pain was significantly reduced following the last treatment. The patient is finding it easier to get out of a chair and is sleeping better at night.

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%

Description of Pre-Service Work: The practitioner reviews the chart. The provider obtains an account of the response to the previous treatment and any significant changes that have occurred since the last visit. The patient is evaluated, and fourteen points are selected and marked for today's treatment. The practitioner selects the appropriate needle lengths and gauges for this treatment. Needles are removed from packaging and are placed in a stainless-steel tray. The patient is positioned comfortably prior to initiation of treatment.

Description of Intra-Service Work: The patient is prepped with 70% isopropyl alcohol to the treatment sites. The practitioner then inserts sterile, single use, solid filament needles. Electrodes are then attached to the shafts of the needles and an appropriate frequency (Hz) and waveform is selected. The practitioner then slowly increases the amplitude of the signal until patient tolerance is reached. The patient is instructed to rest for 15 minutes while the needles are retained.
The practitioner monitors the patient, re-adjusts the electrical stimulation, and inquires about patient comfort and treatment response.

Description of Post-Service Work: When the desired effect is achieved, the practitioner removes the needles and applies pressure to the points with a cotton ball to prevent bruising or bleeding. The practitioner counts the needles to ensure all needles are removed for disposal. The practitioner then assists the patient to an upright position, making sure that the patient does not feel faint. Provider discusses expectations, exercise limitations and any other relevant post-service instructions. Final documentation is recorded in the patient chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	Kris Anderson, DC, MS; Leo Bronston, DC,MAppSc; Gary Estadt, DC; Bradly Fox, MD; Carlo Milani, MD, David Reece, DO					
Specialty Society(ies):	American Academy of Family Physicians, American Academy of Physical Medicine & Rehabilitation, and American Chriopractic Association					
CPT Code:	97813					
Sample Size:	1116	**Resp N:**	33			
Description of Sample:	AAFP: Random sample of 300 members plus targeted sample of members who perform acupuncture according to Medicare claims data or who are also members of the American Academy of Medical Acupuncture (approved by Research Subcommittee) AAPM&R: Random sample of 300 members plus targeted sample of members who perform acupuncture according to Medicare claims data or who are also members of the American Academy of Medical Acupuncture (approved by Research Subcommittee) ACA: A random sample of the entire ACA Council on Chiropractic Acupuncture and targeted lists of doctors of chiropractic who are registered to perform acupuncture in the states of Ohio and Texas					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**150.00**	350.00	3000.00
Survey RVW:	0.30	0.74	**0.93**	1.30	13.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	12.00	**15.00**	23.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97813	**Recommended Physician Work RVU: 0.74**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
98941	000	0.71	**RUC Time**

CPT Descriptor Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20560	XXX	0.32	**RUC Time**

CPT Descriptor Needle insertion(s) without injection(s); 1 or 2 muscle(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.70	**RUC Time**	440,819

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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:** 18.1 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 15.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 97813	Top Key Reference CPT Code: 98941	2nd Key Reference CPT Code: **20560**
Median Pre-Service Time	5.00	5.00	3.00
Median Intra-Service Time	15.00	10.00	10.00
Median Immediate Post-service Time	5.00	5.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**20.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	17%	67%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	50%	0%	50%
Physical effort required	100%	0%	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	17%	67%	17%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	80%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	20%	60%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendation Summary

97813 – The societies recommend the 25th percentile work RVU of 0.74 and the survey times of 5/15/5 for a total time of 25 minutes.

Background

Acupuncture codes 97810, 97811, 97813 and 97814 were presented to CPT in late 2003 and valued at the April 2004 RUC meeting based on a survey by the American Chiropractic Association. The codes have not been resurveyed since that original 2004 survey, which was presented to HCPAC and included responses only from chiropractors. The four acupuncture codes became active CPT codes in 2005, but CMS continued their longstanding decision not to pay for acupuncture until a new coverage decision was made effective January 1, 2020. Effective that date, CMS now pays for acupuncture only for patients with low back pain, which they have specifically defined. The RUC database includes claims data for the acupuncture codes from 2020 and 2021, with Physical Medicine and Rehabilitation being the most common biller of these services followed by family medicine, internal medicine, and nurse practitioners. It is also important to note, that CMS does not pay chiropractors for acupuncture, although chiropractors provide this service outside of Medicare.

The RAW identified the acupuncture codes on the "different performing specialty from survey" screen. AAPM&R, AAFP and ACA presented an action plan to the RAW in January 2023 recommending a survey of all four acupuncture codes due to fact that the codes had not been surveyed since 2004 and, given the recent Medicare coverage decision, the dominant specialty has changed.

Compelling Evidence

The societies are recommending an increase to codes 97810 and 97813, we will therefore be presenting a compelling evidence argument for the family.

The societies believe these codes meet compelling evidence due to a change in specialty and flawed methodology. The 2004 survey of the acupuncture and electroacupuncture codes was conducted solely by the American Chiropractic Association and did not include any of the top performing specialties who currently use the code. We also believe there is evidence that incorrect assumptions were made in the previous valuation of the service. The societies recognize that a flawed crosswalk was used in the 2004 valuation. Code 98941, Chiropractic manipulative treatment (CMT); spinal, 3-4 regions, was used to support the value for code 97813, and then the surveyed rank order was applied for 97810, 97811 and 97814. Code 98941 was subsequently revalued in 2012 and was determined to have been previously valued based on flawed methodology, which includes the time period it was used to value 97813.

Survey

The participating specialties anticipated several challenges in surveying the acupuncture codes. Specifically, both AAPM&R and AAFP have members who perform acupuncture, but do not have a way of identifying these members in their member databases. The ACA does have a designated Council on Chiropractic Acupuncture, but it includes less than 200 members. To address this, the three societies included both a random sample and a Research Subcommittee approved targeted sample in the survey distribution. The survey was open for a three-week period and several reminders were sent to encourage more participation. Despite these efforts, the survey response numbers were low for all codes, however all codes except for 97814 met the required threshold for a valid survey.

The societies added two questions to the standard survey template to obtain additional information to inform recommendations. Participants were asked to indicate the typical number of needles used for each code surveyed. Median data is in the table below.

Code	Median # of Needles
97810	13
97811	10
97813	14
97814	10

Participants were asked to indicate the typical number of units of each add on code when billed. Median data is in the table below.

Code	Median # Units

	Billed
97811	2
97814	2

Data Discussion and Recommendation

Upon review of the data, the societies believe the survey supports recommendation of the 25th percentile RVU for the three of the four codes. The survey 25th percentile indicates an increase of 0.01 RVU over current value for base code 97810, a reduction of 0.04 RVU for add on code 97811, and an increase of 0.09 RVU for base code 97813. The societies believe this is supported by a small increase in time for code 97810 and 97813, and a decrease in time for 97811. The societies believe maintaining current value for add-on code 97814 is most appropriate because the intra-service time for that code did not change. In addition to the supporting MPC codes in the individual SORs, we've included comparison codes which support our recommendations in the tables at the end of this rationale.

Code Specific Recommendation

97813

Code 97813 Survey Data and Recommendation: The societies obtained 33 responses for code 97813 including 17 targeted sample responses and 16 random sample responses. This included 5 AAFP responses, 10 AAPM&R responses and 18 ACA responses.

Combined survey data resulted in a 25th percentile RVU of 0.74 and median RVU of 0.93 with times of 5/15/5 for a total time of 25 minutes.

97813 – The societies recommend the 25th percentile work RVU of 0.74 and the survey times of 5/15/5 for a total time of 25 minutes.

Codes Supporting the Recommendation for 97813

Code	Descriptor	wRVU	Intra Time	Total Time
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	0.67	15	27
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, per-articular tendon(s), muscle(s), other soft tissue structure(s), or soft-tissue mass(es)), real-time with image documentation	0.69	15	25
97813 (rec)	**Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**	**0.74**	**15**	**25**
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	0.75	10	27
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	0.79	15	25
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	15	25

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.

	Code	Global	Work RVU	Pre	Intra	Post
3.	97813	XXX	0.74	5	15	5
4.	97814	ZZZ	0.55		15	
5.	97814	ZZZ	0.55		15	
6.	Totals		1.84	5	45	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97813

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 Physical Medicine and Rehabilitation How often? Sometimes

Specialty Family Medicine How often? Rarely

Specialty Chripractor How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 141000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number reflects approximately 3 times the amount this service is billed in the Medicare population.

Specialty Physical Medicine and Rehabilitation Frequency 52170 Percentage 37.00 %

Specialty Family Medicine Frequency 19740 Percentage 14.00 %

Specialty Internal Medicine Frequency 16920 Percentage 12.00 %

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. Data is based on data in the most recent version of the RUC database

Specialty Physical Medicine and Rehabilitation Frequency 17390 Percentage 37.00 %

Specialty Family Medicine Frequency 6580 Percentage 14.00 %

Specialty Internal Medicine Frequency 5640 Percentage 12.00 %

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:
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 97813

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:97814 Tracking Number Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.47**
Global Period: ZZZ Current Work RVU: **0.55** RUC Recommended RVU: **0.47**

CPT Descriptor: 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 addtion to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old patient was referred for acupuncture to relieve both their neck and shoulder pain. The patient also complains of acute vertex headaches that radiate into the frontal sinus region. (Note: This is an add-on service. Only consider the additional work related to the additional physician or other QHP time beyond the initial 15 minutes reported with code 97813.)

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:

Description of Intra-Service Work: Following removal of needles from the initial acupuncture service provided the practitioner adjusts the positioning of the patient. New points are selected to complete the treatment. After palpating to locate these new points, they are marked and prepped with 70% isopropyl alcohol to the treatment sites. Ten needles are selected, inserted, and manipulated to obtain the desired effect. Electrodes are then attached to the shafts of the needles and an appropriate frequency (Hz) and waveform is selected. The practitioner then slowly increases the amplitude of the signal until patient tolerance is reached. The patient is instructed to rest for 15 minutes. The practitioner continues to stimulate the needles during this phase of treatment by adjusting the electrical stimulation, until the pain and dysfunction are improved to an acceptable level.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023		
Presenter(s):	Kris Anderson, DC, MS; Leo Bronston, DC,MAppSc; Gary Estadt, DC; Bradly Fox, MD; Carlo Milani, MD, David Reece, DO		
Specialty Society(ies):	American Academy of Family Physicians, American Academy of Physical Medicine & Rehabilitation, and American Chriopractic Association		
CPT Code:	97814		
Sample Size:	1116	**Resp N:**	29
Description of Sample:	AAFP: Random sample of 300 members plus targeted sample of members who perform acupuncture according to Medicare claims data or who are also members of the American Academy of Medical Acupuncture (approved by Research Subcommittee) AAPM&R: Random sample of 300 members plus targeted sample of members who perform acupuncture according to Medicare claims data or who are also members of the American Academy of Medical Acupuncture (approved by Research Subcommittee) ACA: A random sample of the entire ACAs Council on Chiropractic Acupuncture and targeted lists of doctors of chiropractic who are registered to perform acupuncture in the states of Ohio and Texas		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	300.00	1600.00
Survey RVW:	0.15	0.47	**0.75**	1.00	12.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	17.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	97814	**Recommended Physician Work RVU: 0.47**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95885	ZZZ	0.35	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95886	ZZZ	0.86	**RUC Time**

CPT Descriptor 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)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	378,950

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77001	ZZZ	0.38	**RUC Time**	269,997

CPT Descriptor 2 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)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 24.1 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 17.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 97814	Top Key Reference CPT Code: 95885	2nd Key Reference CPT Code: **95886**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	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
Median Total Time	**15.00**	**15.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	29%	14%	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	14%	43%	43%

• Urgency of medical decision making	

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	57%	29%
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	43%	43%	14%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	40%	40%	20%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	40%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	60%	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	20%	20%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendation Summary

97814 – The societies recommend maintaining the current work RVU of 0.55 and the survey times of 0/15/0 for a total time of 15 minutes.

Background

Acupuncture codes 97810, 97811, 97813 and 97814 were presented to CPT in late 2003 and valued at the April 2004 RUC meeting based on a survey by the American Chiropractic Association. The codes have not been resurveyed since that original 2004 survey, which was presented to HCPAC and included responses only from chiropractors. The four acupuncture codes became active CPT codes in 2005, but CMS continued their longstanding decision not to pay for acupuncture until a new coverage decision was made effective January 1, 2020. Effective that date, CMS now pays for acupuncture only for patients with low back pain, which they have specifically defined. The RUC database includes claims data for the acupuncture codes from 2020 and 2021, with Physical Medicine and Rehabilitation being the most common biller of these services followed by family medicine, internal medicine, and nurse practitioners. It is also important to note, that CMS does not pay chiropractors for acupuncture, although chiropractors provide this service outside of Medicare.

The RAW identified the acupuncture codes on the "different performing specialty from survey" screen. AAPM&R, AAFP and ACA presented an action plan to the RAW in January 2023 recommending a survey of all four acupuncture codes due to fact that the codes had not been surveyed since 2004 and, given the recent Medicare coverage decision, the dominant specialty has changed.

Compelling Evidence

The societies are recommending an increase to codes 97810 and 97813, we will therefore be presenting a compelling evidence argument for the family.

The societies believe these codes meet compelling evidence due to a change in specialty and flawed methodology. The 2004 survey of the acupuncture and electroacupuncture codes was conducted solely by the American Chiropractic Association and did not include any of the top performing specialties who currently use the code. We also believe there is evidence that incorrect assumptions were made in the previous valuation of the service. The societies recognize that a flawed crosswalk was used in the 2004 valuation. Code 98941, Chiropractic manipulative treatment (CMT); spinal, 3-4 regions, was used to support the value for code 97813, and then the surveyed rank order was applied for 97810, 97811 and 97814. Code 98941 was subsequently revalued in 2012 and was determined to have been previously valued based on flawed methodology, which includes the time period it was used to value 97813.

Survey

The participating specialties anticipated several challenges in surveying the acupuncture codes. Specifically, both AAPM&R and AAFP have members who perform acupuncture, but do not have a way of identifying these members in their member databases. The ACA does have a designated Council on Chiropractic Acupuncture, but it includes less than 200 members. To address this, the three societies included both a random sample and a Research Subcommittee approved targeted sample in the survey distribution. The survey was open for a three-week period and several reminders were sent to encourage more participation. Despite these efforts, the survey response numbers were low for all codes, however all codes except for 97814 met the required threshold for a valid survey.

The societies added two questions to the standard survey template to obtain additional information to inform recommendations. Participants were asked to indicate the typical number of needles used for each code surveyed. Median data is in the table below.

Code	Median # of Needles
97810	13
97811	10
97813	14
97814	10

Participants were asked to indicate the typical number of units of each add on code when billed. Median data is in the table below.

Code	Median # Units Billed
97811	2
97814	2

Data Discussion and Recommendation

Upon review of the data, the societies believe the survey supports recommendation of the 25th percentile RVU for the three of the four codes. The survey 25th percentile indicates an increase of 0.01 RVU over current value for base code 97810, a reduction of 0.04 RVU for add on code 97811, and an increase of 0.09 RVU for base code 97813. The societies believe this is supported by a small increase in time for code 97810 and 97813, and a decrease in time for 97811. The societies believe maintaining current value for add-on code 97814 is most appropriate because the intra-service time for that code did not change. In addition to the supporting MPC codes in the individual SORs, we've included comparison codes which support our recommendations in the tables at the end of this rationale.

Code Specific Recommendation

97814

Code 97814 Survey Data and Recommendation: The societies obtained 29 responses for code 97814 including 15 targeted sample responses and 14 random sample responses. This included 5 AAFP responses, 9 AAPM&R responses and 15 ACA responses.

Combined survey data resulted in a 25th percentile RVU of 0.47 and median RVU of 0.75 with times of 0/15/0 for a total time of 15 minutes.

97814 – The societies recommend maintaining the current work RVU of 0.55 and the survey times of 0/15/0 for a total time of 15 minutes.

Codes Supporting the Recommendation for 97814 (Global ZZZ)

Code	Descriptor	wRVU	Intra Time	Total Time
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)	0.54	15	15
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	0.55	15	15
97814 (rec)	**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)**	**0.55**	**15**	**15**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	Code	Global	Work RVU	Pre	Intra	Post
4.	97813	XXX	0.74	5	15	5
5.	97814	ZZZ	0.55		15	
6.	97814	ZZZ	0.55		15	
7.	Totals		1.84	5	45	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97814

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 Physical Medicine and Rehabilitation How often? Sometimes

Specialty Family Medicine How often? Rarely

Specialty Chiropractor How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 168000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number reflects approximately 3 times the amount this service is billed in the Medicare population.

Specialty Physical Medicine and Rehabilitation Frequency 63840 Percentage 38.00 %

Specialty Internal Medicine Frequency 25200 Percentage 15.00 %

Specialty Family Medicine Frequency 21840 Percentage 13.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 56,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data is based on data in the most recent version of the RUC database

Specialty Physical Medicine and Rehabilitation Frequency 21280 Percentage 38.00 %

Specialty Internal Medicine Frequency 8400 Percentage 15.00 %

Specialty Family Medicine Frequency 7280 Percentage 13.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

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 97814

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Acupuncture/Electroacupuncture (97810, 98711, 97813, 97814)

TAB: 9

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual	XXX	2017	6	0.023	0.023			0.43			19	2					15			2					
2nd REF	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	000	2012	6	0.040	0.031			0.46			15	4					7			4					
CURRENT	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of	XXX	2004		0.031	0.029			0.60			21	3					15			3					
SVY - Combined	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of	XXX		36	0.044	0.034	0.30	0.61	0.79	1.00	10.00	23	5			2	10	13	20	45	5	0	48	338	800	5200
SVY - Targeted	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of	XXX		17	0.047	0.036	0.40	0.50	0.83	1.00	1.50	23	5			8	10	13	15	45	5	0	50	400	800	2400
SVY - Random	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of	XXX		19	0.035	0.030	0.30	0.70	0.75	1.00	10.00	25	5			2	10	15	23	44	5	0	65	200	640	5200
SVY - AAFP	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of	XXX		5	0.044	0.034	0.30	0.50	0.95	1.29	1.50	28	8			5	15	15	19	45	5	0	0	40	246	800
SVY - AAPM&R	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of	XXX		11	0.034	0.029	0.45	0.50	0.80	1.05	1.50	28	8			8	10	15	20	25	5	0	25	192	750	2000
SVY - ACA	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of	XXX		20	0.046	0.035	0.40	0.71	0.77	0.94	10.00	22	5			2	10	12	20	44	5	0	171	400	878	5200
REC	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of	XXX			0.030	0.027			0.61			23	5					13			5					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	95886	Needle electromyography, each extremity, with related paraspinal areas, when	ZZZ	2012	9	0.029	0.029			0.86			30						30								
2nd REF	95885	Needle electromyography, each extremity, with related paraspinal areas, when	ZZZ	2012	6	0.023	0.023			0.35			15						15								
CURRENT	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15	ZZZ	2004		0.033	0.033			0.50			15						15								
SVY - Combined	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15	ZZZ		32	0.054	0.054	0.10	0.46	0.59	0.87	8.00	11				2	8	11	15	45		0	28	147	812	5200
SVY - Targeted	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15	ZZZ		15	0.052	0.052	0.25	0.43	0.52	0.93	1.50	10				2	9	10	15	45		0	61	300	923	2400
SVY - Random	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15	ZZZ		17	0.055	0.055	0.10	0.50	0.60	0.86	8.00	11				2	7	11	15	25		0	20	120	450	5200
SVY - AAFP	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15	ZZZ		5	0.043	0.043	0.50	0.50	0.65	0.78	1.00	15				5	12	15	25	45		0	0	10	143	1600
SVY - AAPM&R	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15	ZZZ		9	0.040	0.040	0.40	0.50	0.60	1.00	1.50	15				8	10	15	15	25		0	30	500	1000	1400
SVY - ACA	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15	ZZZ		18	0.057	0.057	0.10	0.40	0.57	0.86	8.00	10				2	8	10	14	20		0	47	225	448	5200
REC	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15	ZZZ			0.042	0.042			0.46			11						11								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	000	2012	6	0.049	0.036			0.71			20	5					10			5					
2nd REF	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	XXX	2019	5	0.019	0.020			0.32			16	3					10			3					

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
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
34	CURRENT	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of	XXX	2004		0.034	0.031			0.65			21	3					15			3					
35	SVY - Combined	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of	XXX		33	0.047	0.037	0.30	0.74	0.93	1.30	13.00	25	5			2	12	15	23	45	5	0	20	150	350	3000
36	SVY - Targeted	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of	XXX		17	0.049	0.037	0.46	0.74	1.00	1.30	1.86	27	7			9	12	15	18	45	5	5	25	200	441	1200
37	SVY - Random	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of	XXX		16	0.046	0.037	0.30	0.72	0.92	1.03	13.00	25	5			2	14	15	25	45	5	0	0	135	263	3000
38	SVY - AAFP	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of	XXX		5	0.044	0.036	0.30	0.60	1.30	1.50	1.86	36	8			5	15	23	30	45	5	0	0	200	350	800
39	SVY - AAPM&R	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of	XXX		10	0.041	0.033	0.46	0.70	0.93	1.00	1.75	28	7			9	15	16	20	30	5	0	20	109	198	1010
40	SVY - ACA	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of	XXX		18	0.044	0.035	0.50	0.74	0.88	1.08	13.00	25	5			2	12	15	18	45	5	0	47	135	375	3000
41	REC	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of	XXX			0.034	0.030			0.74			25	5					15			5					
42																												
43					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
44	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
45	1st REF	95885	Needle electromyography, each extremity, with related paraspinal areas, when	ZZZ	2012	7	0.023	0.023			0.35			15						15								
46	2nd REF	95886	Needle electromyography, each extremity, with related paraspinal areas, when	ZZZ	2012	5	0.029	0.029			0.86			30						30								
47	CURRENT	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	ZZZ	2004		0.037	0.037			0.55			15						15								
48	SVY - Combined	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	ZZZ		29	0.050	0.050	0.15	0.47	0.75	1.00	12.00	15				2	10	15	17	45		0	20	50	300	1600
49	SVY - Targeted	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	ZZZ		15	0.061	0.061	0.40	0.46	0.92	1.03	1.75	15				2	11	15	18	45		0	20	45	868	1600
50	SVY - Random	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	ZZZ		14	0.047	0.047	0.15	0.50	0.70	0.99	12.00	15				2	8	15	17	30		0	20	50	300	1600
51	SVY - AAFP	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	ZZZ		5	0.057	0.057	0.50	0.75	0.85	1.00	1.06	15				5	13	15	30	45		0	0	20	300	1600
52	SVY - AAPM&R	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	ZZZ		9	0.054	0.054	0.41	0.50	0.92	1.00	1.75	17				10	15	17	20	40		0	5	20	192	1000
53	SVY - ACA	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	ZZZ		15	0.045	0.045	0.15	0.46	0.63	1.08	12.00	14				2	8	14	16	18		0	27	150	375	1500
54	REC	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	ZZZ			0.031	0.031			0.47			15						15								

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 97810, 97811, 97813, 97814**

SPECIALTY SOCIETY(IES): AAFP, AAPM&R, ACA

PRESENTER(S): Brad Fox, MD, Carlo Milani, MD, David Reece, DO, Kris Anderson, DC, MS, Leo Bronston, DC, MAppSC, Gary Estadt, DC

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 04/2023

CPT Code	Long Descriptor	Global Period
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	XXX
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)	ZZZ
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	XXX
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)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
97810	A 35-year-old patient presents for repeat treatment of non-traumatic low back pain of 3 weeks duration. The patient reports lower back pain and limited range of motion.
97811	A 47-year-old patient with a diagnosis of lower back pain and left anterior thigh pain presents for a return office visit. The patient is currently symptomatic, presenting with numbness and tingling into the left anterior and lateral thigh. The pain has been worse for the past 2 days. (Note: This is an add-on service. Only consider the additional work related to the additional physician or other QHP time beyond the initial 15 minutes reported with code 97810.)
97813	A 56-year-old patient returns for a repeat visit to treat lower back and right sciatic pain. The patient reports that the pain was significantly reduced following the last treatment. The patient is finding it easier to get out of a chair and is sleeping better at night.
97814	A 58-year-old patient was referred for acupuncture to relieve both their neck and shoulder pain. The patient also complains of acute vertex headaches that radiate into the frontal sinus region. (Note: This is an add-on service. Only consider the additional work related to the additional physician or other QHP time beyond the initial 15 minutes reported with code 97813.)

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:

   Acting as an expert panel, the specialty societies' advisors used the current, CMS direct practice expense inputs as a basis for their recommendation.

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 are using the current direct PE inputs for codes 97810-97814 as the point of reference.

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?

   None of these codes are typically reported with an E/M service, even in the 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.

   For 97810, Physical Medicine is the dominant specialty in the non-facility setting and provides the service 33.6% of the time. This is also true for the global.

   For 97811, Physical Medicine is the dominant specialty in the non-facility setting and provides the service 40.5% of the time. This is also true for the global.

   For 97813, Physical Medicine is the dominant specialty in the non-facility setting and provides the service 37.2% of the time. This is also true for the global.

   For 97814, Physical Medicine is the dominant specialty in the non-facility setting and provides the service 38.5% of the time. This is also true for the global.

   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 specialties recognize this code family meets PE compelling evidence guideline: "Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data." According to the RUC database, the acupuncture codes were originally presented only by the American Chiropractic Association. Medicare claims data for 2021 show the service is now done primarily by physicians in physical medicine and rehabilitation and family medicine. The specialties believe this meets the applicable compelling evidence guideline.

   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): 97810, 97811, 97813, 97814**

SPECIALTY SOCIETY(IES): AAFP, AAPM&R, ACA

PRESENTER(S): Brad Fox, MD, Carlo Milani, MD, David Reece, DO, Kris Anderson, DC, MS, Leo Bronston, DC, MAppSC, Gary Estadt, DC

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:

(Not applicable)

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 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

(Not applicable)

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:

These codes currently include no clinical staff time for CA010 (obtain vital signs). The specialties recommend 3 minutes be allocated to this clinical activity for 97810 and 97813, based on the fact that staff typically obtain the following vital signs: height, weight, and blood pressure.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

(Not applicable)

    b. Service period (includes pre, intra and post):

During the pre-service of the service period, the clinical staff: Greets the patient. Obtains vital signs prior to service, typically including height and always including weight and blood pressure. Obtains consent from the patient for the procedure, including review of potential risks. During the post-service of the service period, the clinical staff: Cleans the room, disinfecting the table, disposing of paper, any gowning, and any wrappings from the needles used during the procedure.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Reviews written instructions with the patient describing post service limitations such as exercise and reviews how to care for any points where bleeding has not completely stopped.

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:*

(Not applicable)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

(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 2nd 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.

(Not applicable)

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 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Please see note below (#26) regarding the typical use of Seirin needles.

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, base codes 97810 and 97813 include input for the SA048 Minimum Multi-Specialty Visit Pack.

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 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

SA048, Minimum Multi-Specialty Visit Pack:

- Paper, exam table – 7 feet
- Gloves, non-sterile – 2 pairs
- Gown, patient – 1
- Pillow case – 1
- Cover, thermometer probe - 1

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th 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)

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 Latitute 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 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

EF023 – Table, exam – Other formula – The patient occupies the exam table for the 15 minutes of the service. This is not tied to the clinical staff time on which all the other equipment formulas are based. EP077 – Stimulator, splitter, power booster (model SS2) (Grass Telefactor) – This is used to provide electrical stimulation to the needles during the electroacupuncture service (97813 and 97814). This is not tied to the clinical staff time on which all other equipment formulas are based.

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 specialties are recommending adding two supplies: • SG030 (non-sterile cotton balls) – Required to stem any bleeding when removing the acupuncture needles. • SM013 (surface disinfectant) – Required post-service for clean-up The specialties recognize that the RUC is not responsible for pricing of medical supplies. However, we feel it is important to note that the current price listed by CMS for acupuncture needles is inaccurate. Acupuncture needles are listed at 0.1, which would account for a $10 cost for 100 needles. Almost all MDs, DOs, DCs, and PTs use Seirin needles. They are the safest and have the best quality control. They are manufactured in Japan, not China. They cost $19.65 per box of 100 (cost of 0.19 per needle). We are in the process of obtaining a paid invoice for these needles and will provide it prior to the handouts deadline before the meeting. We would appreciate it if the RUC would share this invoice with CMS and bring this issue to CMS's attention when transmitting the RUC's recommendations to CMS.

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 97810, 97811, 97813, 97814**

SPECIALTY SOCIETY(IES): AAFP, AAPM&R, ACA

PRESENTER(S): Brad Fox, MD, Carlo Milani, MD, David Reece, DO, Kris Anderson, DC, MS, Leo Bronston, DC, MAppSC, Gary Estadt, DC

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The societies updated the number of needles included in supplies for each code based on data obtained in our survey. Participants were asked to indicate the typical number of needles used for each code surveyed. Median data is in the table below.

Code	Median # of Needles
97810	13
97811	10
97813	14
97814	10

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. *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.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

SD063 electrode TENS-EMS, 2in x 2in (4 pack uou) – deleted from 97813 and 9714
SM013 disinfectant, surface (Envirocide, Sanizide) – deleted from 97811 and 97814
EP077 stimulator, splitter, power booster (model SS2) (Grass Telefactor) – added to 97813 and 97814

Additional information was added to this SOR form to indicate our survey data for the number of needles used in each code.

The aggregate change in cost of the family based on these changes is now a decrease and therefore our compelling evidence argument may not be needed but was accepted by the PE Subcommittee.

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2						97810		97810		97811		97811		97813		97813		97814		97814	
3		*RUC Collaboration Website*																			
4	Clinical Activity Code	Meeting Date: 04/2023 Revision Date (if applicable): Tab: 9 Specialty: AAFP, AAPM&R, ACA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of		Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of		Acupuncture, 1 or more needles; without electrical stimulation, each additional 15		Acupuncture, 1 or more needles; without electrical stimulation, each additional 15		Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of		Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of		Acupuncture, 1 or more needles; with electrical stimulation, each additional 15		Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		TOTAL CLINICAL STAFF TIME	L037D			6.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D			0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD																			
14		Start: Following visit when decision for surgery/procedure made																			
15	CA001		L037D																		
16	CA002		L037D																		
17	CA003		L037D																		
18	CA004		L037D																		
19	CA005		L037D																		
20	CA006		L037D																		
21	CA007		L037D																		
22	CA008		L037D			3								3							
23			L037D																		
26		*Other activity: please include short clinical description here and type*	L037D																		
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		L037D					1								1					
34	CA010		L037D					3								3					
35	CA011		L037D					1								1					
36	CA012		L037D																		
37	CA013		L037D																		
38	CA014		L037D																		
39	CA015		L037D																		
40	CA016		L037D																		
41	CA017		L037D																		
42			L037D																		
45		*Other activity: please include short clinical description here and type*	L037D																		
48		Intra-service (of service period)																			
49	CA018		L037D																		
50	CA019		L037D																		
51	CA020		L037D																		
52	CA021		L037D																		
55			L037D																		
56		*Other activity: please include short clinical description here and type*	L037D																		
59		Post-Service (of service period)																			
60	CA022		L037D																		
61	CA023		L037D																		
62	CA024		L037D					2								2					
63	CA025		L037D																		
64	CA026		L037D																		
65	CA027		L037D																		
66	CA028		L037D																		
67	CA029		L037D																		
68	CA030		L037D																		
69	CA031		L037D																		
70	CA032		L037D																		
71	CA033		L037D																		
72	CA034		L037D																		
73	CA035		L037D					1								1					
74	CA036		L037D			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
75			L037D																		
78		*Other activity: please include short clinical description here and type*	L037D																		
81		End: Patient leaves office/facility																			
82		POST-SERVICE PERIOD																			
83		Start: Patient leaves office/facility																			
84	CA037		L037D																		
85	CA038		L037D			3								3							
86		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes	16																		
88		99212 27 minutes	27																		
89		99213 36 minutes	36																		
90		99214 53 minutes	53																		
91		99215 63 minutes	63																		
92	CA039		L037D			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
93			L037D																		
96		*Other activity: please include short clinical description here and type*	L037D																		
99		End: with last office visit before end of global period																			

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2						97810		97810		97811		97811		97813		97813		97814		97814	
3		*RUC Collaboration Website*																			
4	Clinical Activity Code	Meeting Date: 04/2023 Revision Date (if applicable): Tab: 9 Specialty: AAFP, AAPM&R, ACA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of		Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of		Acupuncture, 1 or more needles; without electrical stimulation, each additional 15		Acupuncture, 1 or more needles; without electrical stimulation, each additional 15		Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of		Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of		Acupuncture, 1 or more needles; with electrical stimulation, each additional 15		Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		TOTAL CLINICAL STAFF TIME	L037D			6.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D			0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	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				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
102	SA048							1						1		1		1			
103	SB022					2				2											
104	SB026					1															
105	SB036					7				7											
106	SB037					1															
107	SC075					12		13		12		10		12		14		12		10	
108	SJ053					2		2		2		2		2		2		2		2	
109	SD063															0				0	
110	SG030							4				3				4				3	
111	SM013							1		0		0		0		1		0		0	
112		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*																			
114	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute																
115		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
116	EF023			Other Formula		15		15		15		15		15		15		15		15	
117	EP077			Other Formula												15				15	
118																					
119																					
120																					
121																					
122		*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.*																			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

April 2023

Annual Alcohol Screening – Tab 10

In April 2022, the Relativity Assessment Workgroup identified services with Medicare utilization of 10,000 or more that have increased by at least 100% from 2015 through 2020, including codes G0442 and G0443. In September 2022, the RUC recommended that these services be surveyed for April 2023 after CMS publishes revised code descriptions in the Final Rule for 2023.

CMS covers the annual alcohol screening service once per year (G0442). For patients that screen positive, CMS covers up to four brief face-to-face behavioral counseling interventions (G0443) for Medicare beneficiaries. Both services are typically performed during an annual wellness visit and/or an office visit service (codes G0438 or G0439). For G0442, clinical staff will typically assist the patient in completing the screening tool. Medicare does not define what screening instrument should be used, and there are several that are commonly used. The typical work of the physician for G0442 is to review the collected responses, make sure it is appropriate in the electronic medical record, probe for any follow up questions that need to be probed for and make an assessment based on the information collected.

The specialty societies surveyed alcohol screening and counseling codes G0442 and G0443 for the April 2023 RUC meeting but did not obtain the required number of survey responses. The survey was sent to a random sample of members from the three societies but only achieved 17 responses for G0442 and 15 responses for G0443. The RUC recommended the specialty societies work with the Research Subcommittee to develop a targeted survey, using the Medicare Claims database to identify physicians and other qualified healthcare professionals who predominantly perform G0442 and/or G0443 and match them with societies to survey those individuals. The specialty societies were also encouraged to expand their survey sample to other sections of their membership that are more likely to perform these services.

The RUC recommends maintaining the current work RVUs as interim for these services. The RUC recommends an interim work RVU of 0.18 for HCPCS code G0442 and an interim work RVU of 0.45 for HCPCS code G0443. The specialty societies will continue collecting survey responses for the September 2023 RUC meeting and work with the RUC's Research Subcommittee to identify a targeted survey sample in addition to an expanded random sample.

Practice Expense
The PE Subcommittee reviewed the proposed direct practice expense inputs and made several modifications. For the clinical labor in G0442, the PE Subcommittee reduced CA021 *Perform procedure/service---NOT directly related to physician work time* to five minutes as the typical time for the clinical staff to administer the screening tool. For G0443, all clinical staff time was removed for this counseling service since the counseling is performed by the physician or other qualified healthcare professional. The materials distributed to the patient were changed to the typical number of 10 pages to be printed out, SK057 *paper, laser printing (each sheet)* for G0442 and to a full SK062 *patient education booklet* for G0443. The

equipment minutes were also modified to equal the sum of clinical staff time plus the physician/QHP time as reflected by the survey median. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee. The RUC noted that the continued survey of physician work for September 2023 would not impact these practice expense recommendations.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX	Continue Survey for September 2023 Interim work RVU = 0.18 (No Change)
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX	Continue Survey for September 2023 Interim work RVU = 0.45 (No Change)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:G0442 Tracking Number Original Specialty Recommended RVU: **0.18**
Presented Recommended RVU: **0.18**
Global Period: XXX Current Work RVU: **0.18** RUC Recommended RVU: **0.18**

CPT Descriptor: Annual alcohol misuse screening, 5 to 15 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74 year old patient is screened for alcohol misuse during an annual wellness visit.

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%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Prior to meeting with the qualified healthcare professional (QHP), the patient will have completed the screening instrument. The QHP reviews the responses to the screening instrument with the patient. The QHP validates responses to the screening instrument and probes any issues with the patient as needed. The QHP assesses the responses to determine if counseling, a referral, or treatment is needed. The QHP documents clarification of the patient's response and referral or treatment plan.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Brad Fox, MD Charlie Hamori, MD Len Lichtenfeld, MD Korinne Van Keuren, DNP Elisabeth Volpert, DNP
Specialty Society(ies):	American Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Nurses Association (ANA)
CPT Code:	G0442
Sample Size: 8500	**Resp N:** 17
Description of Sample:	Random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**20.00**	90.00	355.00
Survey RVW:	0.03	0.19	**0.50**	0.70	2.10
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**8.00**	11.00	25.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: G0442	**Recommended Physician Work RVU: 0.18**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99211	XXX	0.18	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96374	XXX	0.18	**RUC Time**	232,764

CPT Descriptor 1 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88304	XXX	0.22	**RUC Time**	810,872

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
99474	XXX	0.18	**RUC Time**

CPT Descriptor 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

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:** 41.1 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 35.2 **%**

TIME ESTIMATES (Median)

	CPT Code: G0442	**Top Key Reference CPT Code:** 99212	**2nd Key Reference CPT Code:** **99211**
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	15.00	11.00	5.00
Median Immediate Post-service Time	0.00	3.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**16.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	14%	72%	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	29%	57%	14%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	57%	43%
Physical effort required	14%	72%	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%	14%	72%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	33%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	50%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	50%	50%	0%
Physical effort required	33%	50%	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	33%	50%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Centers for Medicare and Medicaid Services (CMS) established CPT code **G0442** (*Annual alcohol misuse screening, 5 to 15 minutes*) in 2012. Effective for claims with dates of service on or after October 14, 2011, CMS will cover annual alcohol screening, and for those that screen positive, up to four brief, face-to-face, behavioral counseling interventions per year for Medicare beneficiaries (National Coverage Determination (NCD) Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, 210.8).

Typically, G0442 is billed with an Annual Wellness Visit (G0439). The RUC database indicates that in 2021 G0442 was reported 815,675 times. 74.9% of the time it was billed with G0439.

While clinical staff may work with the patient and assist with the completion of the screening instrument, the physician or nurse practitioner is responsible for reviewing the responses to the questions with the patient, probing as appropriate and making an assessment based on information collected. It is important to remember that certain patients may be reluctant to respond to these questions and will require more effort and time to make an appropriate assessment.

In April 2022, the Relativity Assessment Workgroup (RAW) identified G0442 in the screen for Medicare utilization of 10,000 or more that have increased by at least 100% from 2015 through 2020. At the request of the RAW, the specialty societies submitted an action for the September 2022 RUC meeting. Following review of the action plan, the RUC recommended the code be surveyed. The societies surveyed the code for the April 2023 RUC meeting.

Recommendation

The American Academy of Family Physicians (AAFP), the American College of Physicians (ACP) and the American Nurses Association (ANA) conducted a survey of G0442. The survey was sent to a random sample of 8,500 individuals. Reminders were sent and survey deadline was extended, however despite their best efforts, the societies only received 17 responses which is below the requisite number of responses (50 responses) for a valid survey based on the RUC criteria for survey minimums. **The societies request that the RUC maintain the existing work RVUs and time for code G0442.**

Specifically, the societies recommend that the RUC maintain the following for code G0442:

- Work RVU: 0.18 work RVUs
- Time: 0 minutes pre-time, 15 minutes intra-time, 0 minutes post-time for a total time of 15 minutes.

Advisors from the three societies discussed why they were not able to collect enough surveys and considered whether they would have a different result if another survey was conducted. The Advisors concluded that another survey would likely end in the same result.

After some consideration, the Advisors concluded that the disappointing survey results were likely due to clinicians being unfamiliar with coding for this service, which are typically provided during an Annual Wellness Visit. There are multiple reasons for this lack of familiarity.

- The utilization reflected in the RUC database is likely a result of billing professionals identifying the separately billable services when reviewing medical records. This extraction is often made independently by a billing professional, and therefore, clinician respondents may be unaware that it was captured.

- In the Medicare Advantage and commercial health insurance environments, G-codes are not used, and this may also contribute to the unfamiliarity with the coding for this service since a clinician's patient portfolio is

usually comprised of several different payers, each with their own coding-related nuances, and patients with traditional Medicare are an increasingly smaller part of the portfolio.

- Finally, there is the reality that most of their members are now employed by someone else with employment contracts that may not have an RVU productivity element. For such physicians and nurse practitioners, they may not be familiar with these codes as separately reportable services.

For these reasons, the societies concluded that they would not obtain better results with another survey at a future time.

Survey Results

Survey results from the 17 responses received are summarized below.

Work RVU

Min	25th	Median	75th	High
0.03	0.19	0.50	0.70	2.10

Time (median values)

Pre-Time	Intra-Time	Post-Time	Total Time
2	8	3	13

Acknowledging that the survey data was limited, the Advisors noted that the survey work RVU 25th percentile of 0.19 work RVUs is close to the current work RVU of 0.18. The Advisors also noted that the survey total time of 13 minutes is close to the current time of 15 minutes. The Advisors concluded the survey data supported current work RVUs and time.

Crosswalks

To further support their recommendation of maintaining current values, the Advisors considered several crosswalks.

Code #	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT
Recommendation							
G0442	Annual alcohol misuse screening, 5 to 15 minutes	0.18	0	15	0	15	0.0120
Reference Code							
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	0.18	0	5	2	7	0.0257
MPC Codes							
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	0.18	2	5	2	9	0.0181
88304	Level III - Surgical pathology, gross and microscopic examination	0.22	0	15	0	15	0.0147
Other Crosswalks							
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other	0.18	1	5	2	8	0.0226

Code #	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT
	qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)						
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	0.18	5	5	3	13	0.0002
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	0.18	3	5	2	10	0.0136

The Advisors concluded that these crosswalks provided further support of their recommendation.

Conclusion

AAFP, ACP and ANA recommend the RUC maintain the current values for G0442. The societies recommend:

- Work RVU: 0.18 work RVUs
- Time: 0 minutes pre-time, 15 minutes intra-time, 0 minutes post-time for a total time of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) G0442 is typically billed with the annual wellness visit (G0439) or with an office visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	CPT Code	Global	Work	Pre	Intra	Post
3.						
4.	G0439	XXX	1.92	7	30	10
5.	G0442	XXX	0.18	0	15	0
6.	TOTAL		2.10	7	45	10

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0442

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 Internal Medicine — How often? Commonly

Specialty Family Medicine — How often? Commonly

Specialty Nurse Practitioner — How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 815675
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Used Medicare utilization. As a G-code this service is typically only reported for Medicare patients. Not reported by commerical payors. Medicare Advantage typically does not reimburse separately for these services so typically not separately reported.

Specialty Internal Medicine — Frequency 354870 — Percentage 43.50 %

Specialty Family Medicine — Frequency 338505 — Percentage 41.49 %

Specialty Nurse Practitioner — Frequency 70964 — Percentage 8.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 815,675 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Used Medicare utilization from the RUC database.

Specialty Internal Medicine — Frequency 354870 — Percentage 43.50 %

Specialty Family Medicine — Frequency 338505 — Percentage 41.49 %

Specialty Nurse Practitioner — Frequency 70964 — Percentage 8.70 %

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:

Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 G0442

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:G0443 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX Current Work RVU: **0.45** RUC Recommended RVU: **0.45**

CPT Descriptor: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74 year old patient has previously screened positive for alcohol misuse without dependence and is being seen for counseling.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

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: N/A

Description of Intra-Service Work: The Qualified Healthcare Professional (QHP) performs an intervention which provides the patient with a specific set of tools and a plan to increase their likelihood of successfully decreasing their alcohol consumption. The components of the intervention include feedback concerning results found with the screening instrument and within the medical record about the quantity and frequency of alcohol consumed by the patient in comparison to national norms; a discussion of negative physical, emotional, occupational consequences that have occurred; and the overall severity of the problem. Feedback is accompanied by advice that is customized to the patient's own unique medical and social situation about clinically appropriate behavioral change goals. The QHP engages the patient in a joint decision-making process regarding alcohol use. Plans for follow-up are discussed and agreed to. These interventions have the objective of providing the patient with tools to change their attitude towards alcohol and to manage high-risk use situations. This intervention requires specific training and/or experience in techniques eliciting accurate information, developing a specific treatment plan to which the patient is committed, and motivating the patient toward behavioral change. The QHP documents clarification of the patient’s response and referral or treatment plan.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	Brad Fox, MD Charlie Hamori, MD Len Lichtenfeld, MD Korinne Van Keuren, DNP Elisabeth Volpert, DNP					
Specialty Society(ies):	American Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Nurses Association (ANA)					
CPT Code:	G0443					
Sample Size:	8500	**Resp N:**	15			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**7.00**	20.00	200.00	
Survey RVW:	0.05	0.56	**0.70**	0.85	1.00	
Pre-Service Evaluation Time:			**3.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	8.00	**10.00**	13.00	30.00	

Immediate Post Service-Time:	**3.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	G0443	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99422	XXX	0.50	**RUC Time**

CPT Descriptor Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93923	XXX	0.45	**RUC Time**	349,633

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97537	XXX	0.48	**RUC Time**	14,261

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
97110	XXX	0.45	**RUC Time**

CPT Descriptor Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

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:** 73.3 **%**

Number of respondents who choose 2nd Key Reference Code: 2 **% of respondents:** 13.3 **%**

TIME ESTIMATES (Median)

	CPT Code: G0443	**Top Key Reference CPT Code:** 99212	**2nd Key Reference CPT Code:** **99422**
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	15.00	11.00	15.00
Median Immediate Post-service Time	0.00	3.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**16.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	18%	18%	55%	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%	27%	73%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	27%	63%
Physical effort required	0%	18%	82%

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%	18%	82%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	100%	0%
Physical effort required	0%	0%	100%

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%	0%	100%

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.

The Centers for Medicare and Medicaid Services (CMS) established CPT code **G0443** (*Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes*) in 2012. Effective for claims with dates of service on or after October 14, 2011, CMS will cover annual alcohol screening, and for those that screen positive, up to four brief, face-to-face, behavioral counseling interventions per year for Medicare beneficiaries (National Coverage Determination (NCD) Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, 210.8).

Typically, G0443 is billed with an office visit (99214). The RUC database indicates that in 2021 G0443 was reported 2,218 times. 56.2% of the time it was billed with 99214.

In April 2022, the Relativity Assessment Workgroup (RAW) identified G0442 in the screen for Medicare utilization of 10,000 or more that have increased by at least 100% from 2015 through 2020. The specialties note that while the volume of G0442 has increased in recent years, the utilization for code G0443 has decreased. In fact, the 2016 utilization of 2,349 is greater than the 2021 utilization of 2,218.

At the request of the RAW, the specialty societies submitted an action for the September 2022 RUC meeting. Following review of the action plan, the RUC recommended that both G0442 and G0443 be surveyed. The societies surveyed code G0443 for the April 2023 RUC meeting.

Recommendation

The American Academy of Family Physicians (AAFP), the American College of Physicians (ACP) and the American Nurses Association (ANA) conducted a survey of G0443. The survey was sent to a random sample of 8,500 individuals. Reminders were sent and survey deadline was extended, however despite their best efforts, the societies only received 15 responses which is below the requisite number of responses (30 responses) for a valid survey based on the RUC criteria for survey minimums. **The societies request that the RUC maintain the existing work RVUs and time for code G0443.**

Specifically, the societies recommend that the RUC maintain the following for code G0443:

- Work RVU: 0.45 work RVUs
- Time: 0 minutes pre-time, 15 minutes intra-time, 0 minutes post-time for a total time of 15 minutes.

Advisors from the three societies discussed why they were not able to collect enough surveys and considered whether they would have a different result if another survey was conducted. The Advisors concluded that another survey would likely end in the same result.

After some consideration, the Advisors concluded that the disappointing survey results were likely due to not just the relatively low utilization of the code (under 2,500), clinicians are may also be unfamiliar with coding for this service, which are typically provided during an office visit. There are multiple reasons for this lack of familiarity.

- In the Medicare Advantage and commercial health insurance environments, G-codes are not used, and this may also contribute to the unfamiliarity with the coding for this service since a clinician's patient portfolio is usually comprised of several different payers, each with their own coding-related nuances, and patients with traditional Medicare are an increasingly smaller part of the portfolio.

- There is the reality that most of their members are now employed by someone else with employment contracts that may not have an RVU productivity element. For such physicians and nurse practitioners, they may not be familiar with these codes as separately reportable services.

For these reasons, the societies concluded that they would not obtain better results with another survey at a future time.

Survey Results

Survey results from the 15 responses received are summarized below.

Work RVU

Min	25th	Median	75th	High
0.05	0.56	0.70	0.85	1.00

Time (median values)

Pre-Time	Intra-Time	Post-Time	Total Time
3	10	3.5	16.5

Acknowledging that the survey data was limited, the Advisors noted that the survey work RVU 25th percentile of 0.56 work RVUs is relatively close to the current work RVU of 0.45. The Advisors also noted that the survey total time of 16.5 minutes is close to the current time of 15 minutes. The Advisors concluded the survey data generally supported current work RVUs and time.

Crosswalks

To further support their recommendation of maintaining current values, the Advisors considered several crosswalks.

Code #	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT
Recommendation							
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	0.45	0	15	0	15	0.0300
Reference Code							
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	0.50	0	15	0	15	0.0333
MPC Codes							
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity	0.45	3	10	3	16	0.0316
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	0.48	5	15	5	25	0.0171

Code #	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT
Other Crosswalks							
77332*	Treatment devices, design and construction; simple (simple block, simple bolus)	0.45	0	15	3	18	0.0255
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	3	10	5	18	0.0271
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	0.45	2	15	2	19	0.0240
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	0.45	2	15	2	19	0.0240

* CMS did not accept the RUC recommendation

The Advisors concluded that these crosswalks provided further support of their recommendation.

Conclusion

AAFP, ACP and ANA recommend the RUC maintain the current values for G0443. The societies recommend:

- Work RVU: 0.45 work RVUs
- Time: 0 minutes pre-time, 15 minutes intra-time, 0 minutes post-time for a total time of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) G0443 is typically billed with an office visit (99214).

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3.	CPT Code	Global	Work	Pre	Intra	Post
4.	99214	XXX	1.92	7	30	10
5.	G0443	XXX	0.45	0	15	0
6.	TOTAL		2.37	7	45	10

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0443

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 Internal Medicine How often? Commonly

Specialty Family Medicine How often? Commonly

Specialty Nurse Practitioner How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2218
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Used Medicare utilization. As a G-code this service is typically only reported for Medicare patients. Not reported by commerical payors. Medicare Advantage typically does not reimburse separately for these services so typically not separately reported.

Specialty Internal Medicine Frequency 980 Percentage 44.18 %

Specialty Family Medicine Frequency 672 Percentage 30.29 %

Specialty Nurse Practitioner Frequency 133 Percentage 5.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,218
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Used Medicare utilization from the RUC database.

Specialty Internal Medicine Frequency 980 Percentage 44.18 %

Specialty Family Medicine Frequency 672 Percentage 30.29 %

Specialty Nurse Practitioner Frequency 133 Percentage 5.99 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 G0443

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	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	**ISSUE:**	Annual Alcohol Screening and Counseling (G0442-G0443)																										
2	**TAB:**	10																										
3																												
4									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
6	1st REF	99212	Office or other outpatient visit for the evaluation and management of an established patient,	XXX	2019	7	0.044	0.044			0.70			16	2					11			3					
7	2nd REF	99211	Office or other outpatient visit for the evaluation and management of an established patient that	XXX	2019	6	0.026	0.026			0.18			7						5			2					
8	CURRENT	G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX	NA/CMS/Other		0.012	0.012			0.18			15						15								
9	SVY	G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX	Apr-23	17	0.049	0.038	0.03	0.19	0.50	0.70	2.10	13	2			1	3	8	11	25	3	0	0	20	90	355
10	REC		Annual alcohol misuse screening, 5 to 15 minutes				0.012	0.012			0.18			15						15								
11																												
12																												
13									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
14	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
15	1st REF	99212	Office or other outpatient visit for the evaluation and management of an established patient,	XXX	2019	11	0.044	0.044			0.70			16	2					11			3					
16	2nd REF	99422	Online digital evaluation and management service, for an established patient, for up to 7	XXX	2019	2	0.033	0.033			0.50			15						15								
17	CURRENT	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX	NA/CMS/Other		0.030	0.030			0.45			15						15								
18	SVY	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX	Apr-23	15	0.055	0.042	0.05	0.56	0.70	0.85	1.00	16.5	3			3	8	10	13	30	3.5	0	0	7	20	200
19	REC		Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes				0.030	0.030			0.45			15						15								

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): G0442, G0443**

SPECIALTY SOCIETY(IES): AAFP, ACP, ANA

PRESENTER(S): Brad Fox, MD, Charlie Hamori, MD, Korinne Van Keuren, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 04/2023

CPT Code	Long Descriptor	Global Period
G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
G0442	A 74-year-old patient is screened for alcohol misuse during an annual wellness visit.
G0443	A 74-year-old patient has previously screened positive for alcohol misuse without dependence and is being seen for counseling.

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:

   Acting as an expert panel, the specialty societies' advisors used the current, CMS direct practice expense inputs as a basis for their recommendation.

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 are using the current direct PE inputs for codes G0442 and G0443 as the point of 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?

   Yes, both codes are typically reported with an E/M service, including in the 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.

   For G0442, Internal Medicine is the dominant specialty in the non-facility setting, providing the service 43.4% of the time in 2021. This is also true for the global.

   For G0443, Internal Medicine is the dominant specialty in the non-facility setting, providing the service 46% of the time in 2021. This is also true for the global.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

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:

   (Not applicable; although the cost for G0443, as modified by the PE Subcommittee, will increase, this increase is more than offset by the decrease in G0442, which is done more frequently than G0443)

   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.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

(Not applicable)

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 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

(Not applicable)

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:

(Not applicable)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

(Not applicable)

    b. Service period (includes pre, intra and post):

(For G0442 only) Clinical staff administers the questionnaire and/or enters the patient's responses into the electronic medical record.

    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:*

(For G0442 only) Clinical staff administers the questionnaire (or enters responses into the EHR), clarifies questions as needed, and records the answers in the patient's electronic medical record for the physician or QHP to review and interpret.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
(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 2nd 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.
(Not applicable)

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 4th 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 8-10th 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 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
(Not applicable)

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:

(Not applicable)

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 Latitute 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 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EF023 – Table, exam (Other formula) – Clinical staff time plus physician/QHP time These services are typically done in conjunction with an E/M service, such as the Medicare annual wellness visit, which occurs in an exam room. The potentially sensitive nature of the screening questions (G0442) and counseling (G0443) supports the provision of these services in an exam room in the typical case. The exam table is otherwise unavailable to other patients or for other services during this time. Clinical staff time does not typically overlap physician/QHP time.

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:

(Not applicable)

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. *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.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): G0442, G0443**

SPECIALTY SOCIETY(IES): AAFP, ACP, ANA

PRESENTER(S): Brad Fox, MD, Charlie Hamori, MD, Korinne Van Keuren, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Modifications made to the PE spreadsheet during the PE Subcommittee meeting:

For code G0442:

- Clinical staff time reduced from the recommended 8 minutes to 5 minutes
- Supply item SK062 (patient education booklet) eliminated in favor of SK057 (paper, laser printing (each sheet)) in the amount of 10 sheets
- EF023 (table, exam) time reduced from 15 minutes to 13 minutes (equal to 5 minutes of staff time plus 8 minutes of physician/QHP time (median from survey))

For code G0443:

- Clinical staff time was reduced from the recommended 2 minutes to zero minutes.
- The quantity of supply item SK062 (patient education booklet) was increased from 0.5 to 1.0
- EF023 (table, exam) time reduced from 15 minutes to 10 minutes (equal to physician/QHP time (median from survey))

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**G0442**		**G0442**		**G0443**		**G0443**	
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: 04/2023** **Revision Date (if applicable): April 14, 2023** **Tab: 10** **Specialty: AAFP, ACP, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Annual alcohol misuse screening, 5 to 15 minutes		Annual alcohol misuse screening, 5 to 15 minutes		Brief face-to-face behavioral counseling for alcohol misuse, 15		Brief face-to-face behavioral counseling for alcohol misuse, 15	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery/procedure made**											
15	CA001		L037D										
16	CA002		L037D										
17	CA003		L037D										
18	CA004		L037D										
19	CA005		L037D										
20	CA006		L037D										
21	CA007		L037D										
22	CA008		L037D										
23			L037D										
26		*Other activity: please include short clinical description here and type*	L037D										
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		L037D										
34	CA010		L037D										
35	CA011		L037D										
36	CA012		L037D										
37	CA013		L037D										
38	CA014		L037D										
39	CA015		L037D										
40	CA016		L037D										
41	CA017		L037D										
42			L037D										
45		*Other activity: please include short clinical description here and type*	L037D										
48		**Intra-service (of service period)**											
49	CA018		L037D										
50	CA019		L037D										
51	CA020		L037D										
52	CA021		L037D			15		**5**		2		0	
55			L037D										
56		*Other activity: please include short clinical description here and type*	L037D										
59		**Post-Service (of service period)**											
60	CA022		L037D										
61	CA023		L037D										
62	CA024		L037D										
63	CA025		L037D										
64	CA026		L037D										
65	CA027		L037D										
66	CA028		L037D										
67	CA029		L037D										
68	CA030		L037D										
69	CA031		L037D										
70	CA032		L037D										
71	CA033		L037D										
72	CA034		L037D										
73	CA035		L037D									**0**	
74	CA036		L037D			**n/a**		**n/a**		**n/a**		**n/a**	
75			L037D										
78		*Other activity: please include short clinical description here and type*	L037D										
81		**End: Patient leaves office/facility**											
82		**POST-SERVICE PERIOD**											
83		**Start: Patient leaves office/facility**											

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**G0442**		**G0442**		**G0443**		**G0443**	
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: 04/2023** **Revision Date (if applicable): April 14, 2023** **Tab: 10** **Specialty: AAFP, ACP, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Annual alcohol misuse screening, 5 to 15 minutes		Annual alcohol misuse screening, 5 to 15 minutes		Brief face-to-face behavioral counseling for alcohol misuse, 15		Brief face-to-face behavioral counseling for alcohol misuse, 15	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
84	CA037		L037D										
85	CA038		L037D										
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16										
88		99212 27 minutes	27										
89		99213 36 minutes	36										
90		99214 53 minutes	53										
91		99215 63 minutes	63										
92	CA039		L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D										
96		*Other activity: please include short clinical description here and type*	L037D										
99		**End: with last office visit before end of global period**											

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**G0442**		**G0442**		**G0443**		**G0443**	
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: 04/2023** **Revision Date (if applicable): April 14, 2023** **Tab: 10** **Specialty: AAFP, ACP, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Annual alcohol misuse screening, 5 to 15 minutes		Annual alcohol misuse screening, 5 to 15 minutes		Brief face-to-face behavioral counseling for alcohol misuse, 15		Brief face-to-face behavioral counseling for alcohol misuse, 15	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**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**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SK057							**10.0**					
103	SK062					0.5				0.5		**1.0**	
104													
105													
106													
107													
108		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in*											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
112	EF023			Other		15		**13**		15		**10**	
113													
114													
115													
116													
117													
118		*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*											

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

April 2023

Annual Depression Screening – Tab 11

Effective October 14, 2011, a new HCPCS code, G0444 *Annual depression screening, 5 to 15 minutes* was added to the Medicare Physician Payment Schedule (MFS) to report annual depression screening for adults in the primary care setting that have staff-assisted depression care supports in place to assure accurate diagnosis, treatment and follow up. This service is typically reported with an Evaluation and Management (E/M) service and an Annual Wellness Visit (codes G0438 or G0439). The current work RVU of 0.18 was assigned by CMS in the 2013 Final Rule via the direct crosswalk to CPT 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* given the similarities in work related to screening. In April 2022, the Relativity Assessment Workgroup identified this service with Medicare utilization of 10,000 or more that have increased by at least 100% from 2015 through 2020. The services were surveyed for April 2023 RUC meeting after CMS published revised code descriptors in the Final Rule for 2023.

HCPCS code G0444 was surveyed for the April 2023 RUC meeting with the Annual Alcohol Screening codes G0442 and G0443. The specialties were unable to meet the required survey threshold of 75 responses for the 2021 utilization of 2,142,759. The survey instrument was sent to a random sample size of 8,500 individuals from three specialty societies collecting a total of 22 responses over a two-and-a-half-week period. While reviewing the survey data, the specialty societies noted that all six surveyed HCPCS codes (G0442-G0447) did not meet the minimum survey threshold for the 2021 utilization. The RUC noted that the HCPCS codes would benefit from a targeted survey using available Medicare databases to identify physicians and other qualified health care professionals who perform these screening services. The specialty societies were also encouraged to expand their survey sample to other sections of their membership that are more likely to perform these services.

The RUC recommends maintaining the current work RVU of 0.18 as interim for HCPCS code G0444. The specialty societies will continue to collect survey responses for the September 2023 RUC meeting and work with the Research Subcommittee to identify a targeted survey sample in addition to an expanded random sample.

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made several modifications. The clinical staff time was reduced for CA021 *Perform procedure/service---NOT directly related to physician work* to five minutes as the typical time for the clinical staff to administer the screening tool. Additionally, supply item SK062 *patient education booklet* was eliminated in favor of SK057 *paper, laser printing (each sheet)* in the amount of 10 sheets. Lastly, the equipment time for EF023 *table, exam* was reduced from 15 minutes to 13 minutes which is equal to 5 minutes of clinical staff time plus 8 minutes of physician/QHP time and reflects the median from survey. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee. The RUC noted that the continued survey of physician work for September 2023 would not impact these practice expense recommendations.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0444	Annual depression screening, 5 to 15 minutes	XXX	Continue Survey for September 2023 Interim Work RVU = 0.18 (No Change)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:G0444 Tracking Number

Original Specialty Recommended RVU: **0.18**
Presented Recommended RVU: **0.18**
RUC Recommended RVU: **0.18**

Global Period: XXX Current Work RVU: **0.18**

CPT Descriptor: Annual depression screening, 5 to 15 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76 year old patient is screened for depression during an annual wellness visit.

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%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Prior to meeting with the qualified healthcare professional (QHP), the patient will have completed the screening instrument. The QHP reviews the responses to the screening instrument with the patient. The QHP validates responses to the screening instrument and probes any issues with the patient as needed. The QHP assesses the responses to determine if counseling, a referral, or treatment is needed. The QHP documents clarification of the patient's response and referral or treatment plan.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023
Presenter(s):	Brad Fox, MD Charlie Hamori, MD Len Lichtenfeld, MD Korinne Van Keuren, DNP Elisabeth Volpert, DNP
Specialty Society(ies):	American Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Nurses Association (ANA)
CPT Code:	G0444
Sample Size:	8500 **Resp N:** 22
Description of Sample:	Random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**21.00**	111.00	500.00
Survey RVW:	0.03	0.18	**0.63**	0.82	2.10
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**8.00**	12.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	G0444	**Recommended Physician Work RVU: 0.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99211	XXX	0.18	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96374	XXX	0.18	**RUC Time**	232,764

CPT Descriptor 1 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88304	XXX	0.22	**RUC Time**	810,872

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
99474	XXX	0.18	**RUC Time**

CPT Descriptor 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

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 40.9 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 27.2 **%**

TIME ESTIMATES (Median)

	CPT Code: G0444	**Top Key Reference CPT Code:** 99212	**2nd Key Reference CPT Code:** **99211**
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	15.00	11.00	5.00
Median Immediate Post-service Time	0.00	3.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**16.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	22%	45%

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%	45%	55%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	78%	11%
Physical effort required	22%	56%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	22%	78%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	50%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	16%	68%	16%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	67%	0%
Physical effort required	33%	50%	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	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Centers for Medicare and Medicaid Services (CMS) established CPT code **G0444** (*Annual depression screening, 5 to 15 minutes)* in 2012. Effective October 14, 2011, CMS will cover annual screening for depression for Medicare beneficiaries in primary care settings that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. (National Coverage Determination (NCD Screening for Depression in Adults, 210.9).

Typically, G0444 is billed with an Annual Wellness Visit (G0439). The RUC database indicates that in 2021 G0444 was reported 2,142,759 times. 79% of the time G0444 was billed with G0439.

While clinical staff may work with the patient and assist with the completion of the screening instrument, the physician or nurse practitioner is responsible for reviewing the responses to the questions with the patient, probing as appropriate and making an assessment based on information collected. It is important to remember that certain patients may be reluctant to respond to these questions and will require more effort and time to make an appropriate assessment.

In April 2022, the Relativity Assessment Workgroup (RAW) identified G0444 in the screen for Medicare utilization of 10,000 or more that have increased by at least 100% from 2015 through 2020. At the request of the RAW, the specialty societies submitted an action for the September 2022 RUC meeting. Following review of the action plan, the RUC recommended the code be surveyed. The societies surveyed the code for the April 2023 RUC meeting.

Recommendation

The American Academy of Family Physicians (AAFP), the American College of Physicians (ACP) and the American Nurses Association (ANA) conducted a survey of G0444. The survey was sent to a random sample of 8,500 individuals. Reminders were sent and survey deadline was extended, however despite their best efforts, the societies only received 22 responses which is below the requisite number of responses (75 responses) for a valid survey based on the RUC criteria for survey minimums. **The societies request that the RUC maintain the existing work RVUs and time for code G0444.**

Specifically, the societies recommend that the RUC maintain the following for code G0444:

- Work RVU: 0.18 work RVUs
- Time: 0 minutes pre-time, 15 minutes intra-time, 0 minutes post-time for a total time of 15 minutes.

Advisors from the three societies discussed why they were not able to collect enough surveys and considered whether they would have a different result if another survey was conducted. The Advisors concluded that another survey would likely end in the same result.

After some consideration, the Advisors concluded that the disappointing survey results were likely due to clinicians being unfamiliar with coding for this service, which are typically provided during an Annual Wellness Visit. There are multiple reasons for this lack of familiarity.

- The utilization reflected in the RUC database is likely a result of billing professionals identifying the separately billable services when reviewing medical records. This extraction is often made independently by a billing professional, and therefore, clinician respondents may be unaware that it was captured.

- In the Medicare Advantage and commercial health insurance environments, G-codes are not used, and this may also contribute to the unfamiliarity with the coding for this service since a clinician's patient portfolio is

usually comprised of several different payers, each with their own coding-related nuances, and patients with traditional Medicare are an increasingly smaller part of the portfolio.

- Finally, there is the reality that most of their members are now employed by someone else with employment contracts that may not have an RVU productivity element. For such physicians and nurse practitioners, they may not be familiar with these codes as separately reportable services.

For these reasons, the societies concluded that they would not obtain better results with another survey at a future time.

Survey Results

Survey results from the 22 responses received are summarized below.

Work RVU

Min	25th	Median	75th	High
0.03	0.18	0.63	0.82	2.10

Time (median values)

Pre-Time	Intra-Time	Post-Time	Total Time
2	8	5	15

Acknowledging that the survey data was limited, the Advisors noted that the survey work RVU 25th percentile of 0.18 work RVUs matched the current work RVU for G0444. The Advisors also noted that the survey total time of 15 minutes also matched the current time of the code. The Advisors concluded the survey data supported current work RVUs and time.

Crosswalks

To further support their recommendation of maintaining current values, the Advisors considered several crosswalks.

Code #	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT
Recommendation							
G0444	Annual depression screening, 5 to 15 minutes	0.18	0	15	0	15	0.0120
Reference Code							
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	0.18	0	5	2	7	0.0257
MPC Codes							
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	0.18	2	5	2	9	0.0181
88304	Level III - Surgical pathology, gross and microscopic examination	0.22	0	15	0	15	0.0147
Other Crosswalks							
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other	0.18	1	5	2	8	0.0226

Code #	Descriptor	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time	IWPUT
	qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)						
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	0.18	5	5	3	13	0.0002
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	0.18	3	5	2	10	0.0136

The Advisors concluded that these crosswalks provided further support of their recommendation.

Conclusion

AAFP, ACP and ANA recommend the RUC maintain the current values for G0444. The societies recommend:

- Work RVU: 0.18 work RVUs
- Time: 0 minutes pre-time, 15 minutes intra-time, 0 minutes post-time for a total time of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) G0444 is typically billed with Annual Wellness Visit code G0439.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	CPT Code	Global	Work	Pre	Intra	Post
3.						
4.	G0439	XXX	1.92	7	30	10
5.	G0444	XXX	0.18	0	15	0
6.	TOTAL		2.10	7	45	10

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0444

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 Internal Medicine How often? Commonly

Specialty Family Medicine How often? Commonly

Specialty Nurse Practitioner How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2142759
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Used Medicare utilization. As a G-code this service is typically only reported for Medicare patients. Not reported by commercial payors. Medicare Advantage typically does not reimburse separately for these services so typically not separtely reported.

Specialty Internal Medicine Frequency 936385 Percentage 43.69 %

Specialty Family Medicine Frequency 839961 Percentage 39.19 %

Specialty Nurse Practitioner Frequency 190705 Percentage 8.89 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,142,759 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Used Medicare utilization from the RUC database.

Specialty Internal Medicine Frequency 936385 Percentage 43.69 %

Specialty Family Medicine Frequency 839961 Percentage 39.19 %

Specialty Nurse Practitioner Frequency 190705 Percentage 8.89 %

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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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 G0444

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	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	**ISSUE:**	**Annual Depression Screen (G0444)**																										
2	**TAB:**	**11**																										
3																												
4									**RVW**					**Total**	**PRE-TIME**			**INTRA-TIME**					**IMMD**	**SURVEY EXPERIENCE**				
5	**Source**	**CPT**	**DESC**	**Global**	**RUC Review Year**	**Resp**	**IWPUT**	**Work Per Unit Time**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**POST**	**MIN**	**25th**	**MED**	**75th**	**MAX**
6	1st REF	99212	Office or other outpatient visit for the evaluation and management of an	XXX	2019	9	0.044	0.044			0.70			16	2					11			3					
7	2nd REF	99211	Office or other outpatient visit for the evaluation and management of an	XXX	2019	6	0.026	0.026			0.18			7						5			2					
8	CURRENT	G0444	Annual depression screening, 5 to 15 minutes	XXX	NA/CMS/Other		0.012	0.012			0.18			15						15								
9	SVY	G0444	Annual depression screening, 5 to 15 minutes	XXX	Apr-23	22	0.059	0.042	0.03	0.18	0.63	0.82	2.10	15	2			1	5	8	12	30	5	0	10	21	111	500
13	REC	G0444	Annual depression screening, 5 to 15 minutes	XXX			0.012	0.012			0.18			15						15								

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): G0444
SPECIALTY SOCIETY(IES): AAFP, ACP, ANA
PRESENTER(S): Brad Fox, MD, Charlie Hamori, MD, Korinne Van Keuren, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 04/2023

CPT Code	Long Descriptor	Global Period
G0444	Annual depression screening, 5 to 15 minutes	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
G0444	A 76-year-old patient is screened for depression during an annual wellness visit.

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:
   Acting as an expert panel, the specialty societies' advisors used the current, CMS direct practice expense inputs as a basis for their recommendation.

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 are using the current direct PE inputs for code G0444 as the point of 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?
   Yes, G0444 is typically reported with an E/M service, including in the 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.
   For G0444, Internal Medicine is the dominant specialty in the non-facility setting, providing the service 43.7% of the time in 2021. This is also true for the global.
   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:
   (Not applicable)
   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.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

(Not applicable)

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 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

(Not applicable)

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:

(Not applicable)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

(Not applicable)

    b. Service period (includes pre, intra and post):

Clinical staff administers the questionnaire and/or enters the patient's responses into the electronic medical record.

    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:*

Clinical staff administers the questionnaire (or enters responses into the EHR), clarifies the question as needed, and records the answers in the patient's electronic medical record for the physician or QHP to review and interpret.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
(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 2nd 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.
(Not applicable)

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 4th 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 8-10th 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 5th 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:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

(Not applicable)

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 Latitute 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 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EF023 – Table, exam (Other formula) – Clinical staff time plus physician/QHP time This service is typically done in conjunction with an E/M service, such as the Medicare annual wellness visit, which occurs in an exam room. The potentially sensitive nature of the screening questions supports the provision of these services in an exam room in the typical case. The exam table is otherwise unavailable to other patients or for other services during this time. Clinical staff time does not typically overlap physician/QHP time.

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:

(Not applicable)

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. *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.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): G0444**
SPECIALTY SOCIETY(IES): AAFP, ACP, ANA
PRESENTER(S): Brad Fox, MD, Charlie Hamori, MD, Korinne Van Keuren, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Modifications made to the PE spreadsheet during the PE Subcommittee meeting:

- Clinical staff time reduced from the recommended 8 minutes to 5 minutes
- Supply item SK062 (patient education booklet) eliminated in favor of SK057 (paper, laser printing (each sheet)) in the amount of 10 sheets
- EF023 (table, exam) time reduced from 15 minutes to 13 minutes (equal to 5 minutes of staff time plus 8 minutes of physician/QHP time (median from survey))

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**G0444**		**G0444**	
3		***RUC Collaboration Website***				Annual depression screening, 5 to 15 minutes		Annual depression screening, 5 to 15 minutes	
4	**Clinical Activity Code**	**Meeting Date: 04/2023** **Revision Date (if applicable): April 14, 2023** **Tab: 11** **Specialty: AAFP, ACP, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001		L037D						
16	CA002		L037D						
17	CA003		L037D						
18	CA004		L037D						
19	CA005		L037D						
20	CA006		L037D						
21	CA007		L037D						
22	CA008		L037D						
23			L037D						
26		*Other activity: please include short clinical description here and type*	L037D						
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		L037D						
34	CA010		L037D						
35	CA011		L037D						
36	CA012		L037D						
37	CA013		L037D						
38	CA014		L037D						
39	CA015		L037D						
40	CA016		L037D						
41	CA017		L037D						
42			L037D						
45		*Other activity: please include short clinical description here and type*	L037D						
48		**Intra-service (of service period)**							
49	CA018		L037D						
50	CA019		L037D						
51	CA020		L037D						
52	CA021		L037D			15		5	
55			L037D						
56		*Other activity: please include short clinical description here and type*	L037D						
59		**Post-Service (of service period)**							
60	CA022		L037D						
61	CA023		L037D						
62	CA024		L037D						
63	CA025		L037D						
64	CA026		L037D						
65	CA027		L037D						
66	CA028		L037D						
67	CA029		L037D						
68	CA030		L037D						
69	CA031		L037D						
70	CA032		L037D						
71	CA033		L037D						
72	CA034		L037D						
73	CA035		L037D						
74	CA036		L037D			**n/a**		**n/a**	
75			L037D						
78		*Other activity: please include short clinical description here and type*	L037D						
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037		L037D						
85	CA038		L037D						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039		L037D			**0.0**	**0.0**	**0.0**	**0.0**
93			L037D						
96		*Other activity: please include short clinical description here and type*	L037D						
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						**G0444**		**G0444**	
3		***RUC Collaboration Website***				Annual depression screening, 5 to 15 minutes		Annual depression screening, 5 to 15 minutes	
4	**Clinical Activity Code**	**Meeting Date: 04/2023** **Revision Date (if applicable): April 14, 2023** **Tab: 11** **Specialty: AAFP, ACP, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D			**15.0**	**0.0**	**5.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**
102	SK062					0.5		0.0	
103	SK057							10	
104									
105									
106									
107									
108		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*							
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**
112	EF023			Other		15		13	
113									
114									
115									
116									
117									
118		*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.*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth*

April 2023

Behavioral Counseling/Therapy – Tab 12

In April 2022, the Relativity Assessment Workgroup identified services with Medicare utilization of 10,000 or more that have increased by at least 100% from 2015 through 2020, including codes G0445- G0447. In September 2022, the RUC recommended that these services be surveyed for April 2023 after CMS publishes revised code descriptions in the Final Rule for 2023.

For G0445, CMS covers up to two individual face-to-face counseling sessions annually for Medicare beneficiaries for high intensity behavioral counseling to prevent sexually transmitted infections (STIs), for all sexually active adolescents, and for adults at increased risk for STIs if provided by a Medicare eligible primary care provider in a primary care setting. For G0446, CMS covers one face-to-face cardiovascular disease risk reduction visit per year for Medicare beneficiaries whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting. For G0447 and Medicare beneficiaries with obesity, CMS covers one face-to-face visit every week for the first month, one face-to-face visit every other week for months 2-6 and one face-to-face visit every month for months 7-12 (if the beneficiary meets a 3kg weight loss requirement during the first six months). The G0447 visits would also only be covered when furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting.

The specialty societies surveyed alcohol screening and counseling codes G0445-G0447 for the April 2023 RUC meeting but did not obtain the required number of survey responses. The survey was sent to a random sample of members from the three societies, but only achieved 6 responses for G0445, 7 responses for G0446 and 8 responses for G0447. The RUC recommended for the specialty societies to work with the Research Subcommittee to develop a targeted survey, using the Medicare Claims database to identify physicians and other qualified healthcare professionals who predominantly perform G0445-G0447 and match them with societies to survey those individuals. The specialty societies were also encouraged to expand their survey sample to other sections of their membership that are more likely to perform these services.

The RUC recommends maintaining the current work RVUs for these services as interim. The RUC recommends an interim work RVU of 0.45 for HCPCS code G0445, an interim work RVU of 0.45 for HCPCS code G0446 and an interim work RVU of 0.45 for HCPCS code G0447. The specialty societies will continue collecting survey responses for the September 2023 RUC meeting and work with the RUC's Research Subcommittee to identify a targeted survey sample in addition to an expanded random sample.

Practice Expense
The PE Subcommittee reviewed the proposed direct practice expense inputs and made a couple modifications: SK062 *patient education booklet* was eliminated in favor of SK057 *paper, laser printing (each sheet)* in the amount of 10 sheets, and the equipment minutes were modified to equal the sum of clinical staff time plus the physician/QHP time as reflected by the survey median.

The PE Subcommittee agreed with the specialties' modification of the clinical staff time to move two minutes from CA021 *Perform procedure/service---NOT directly related to physician work time* to CA035 *Review home care instructions, coordinate visits/prescriptions.* This more accurately reflects the clinical work involved in arranging follow-up and/or referrals with clinical and community resources and providing educational materials. Also, EP086 *whip mixer* and EP016 *biohazard hood* are currently included among the equipment assigned to code G0445. The specialties believe, and the PE Subcommittee concurred, that this is an error and that those two inputs should be removed. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee. The RUC noted that the continued survey of physician work for September 2023 would not impact these practice expense recommendations.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
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	XXX	Continue Survey for September 2023 Interim work RVU = 0.45 (No Change)
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	XXX	Continue Survey for September 2023 Interim work RVU = 0.45 (No Change)
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	XXX	Continue Survey for September 2023 Interim work RVU = 0.45 (No Change)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:G0445 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX Current Work RVU: **0.45** RUC Recommended RVU: **0.45**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year old patient is found to have multiple sexual partners and receives education, skills training and guidance regarding sexually transmitted infection prevention during an annual wellness exam.

Percentage of Survey Respondents who found Vignette to be Typical: 66%

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: (Not applicable)

Description of Intra-Service Work: The clinician counsels the patient on strategies to prevent sexually transmitted infection such as behavioral changes, strategies to make better choices, use of birth control measures (e.g., condoms IUDs), use of medications such as PrEP, interventions to address self-image and depression. The clinician will answer questions the patient may have and provide resources as needed.

Description of Post-Service Work: (Not applicable)

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	Jeannine Engel, MD, Brad Fox, MD, Charlie Hamori, MD, FACP					
Specialty Society(ies):	American Academy of Family Physicians, American College of Physicians					
CPT Code:	G0445					
Sample Size:	7500	**Resp N:**	6			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**10.00**	48.00	80.00	
Survey RVW:	0.70	0.70	**0.83**	0.90	1.00	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	12.00	**15.00**	19.00	30.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	G0445	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73580	XXX	0.59	**RUC Time**

CPT Descriptor Radiologic examination, knee, arthrography, radiological supervision and interpretation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99446	XXX	0.35	**RUC Time**	7,197

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	64,547

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 83.3 **%**

Number of respondents who choose 2nd Key Reference Code: 1 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: G0445	Top Key Reference CPT Code: 99212	2nd Key Reference CPT Code: 73580
Median Pre-Service Time	0.00	11.00	14.00
Median Intra-Service Time	30.00	2.00	5.00
Median Immediate Post-service Time	0.00	3.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**16.00**	**24.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	80%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	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%	20%	80%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	100%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	100%	0%	0%
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%	0%	100%

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.

In April 2022, the Relativity Assessment Workgroup identified G0446 as being a service with Medicare utilization of 10,000 or more that has increased by at least 100% from 2015 through 2020. In September 2022, the RUC recommended that G0446 be surveyed for April 2023 after the Centers for Medicare & Medicaid Services (CMS) publishes revised code descriptions in the Final Rule for 2023. Code G0445 was included in the family.

CMS created code G0445 effective with the 2012 Medicare physician fee schedule in conjunction with the National Coverage Determination (NCD) on "Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to prevent STIs" (NCD 210.10). CMS crosswalked its value from code 97803 (Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes). CMS set the time for this service at 30 minutes, consistent with the code descriptor. The physician work RVUs for this service have been 0.45 since its inception, and Medicare volume for this code has ranged from 889 in 2017 to 2,043 in 2020. The Medicare claims volume was 1,721 in 2021.

As noted in the letter accompanying this tab, the specialties randomly surveyed 7,500 members. The survey was in the field for more than two weeks. Despite reminders and a deadline extension, we were only able to achieve six responses to the survey for this code. We believe there are multiple reasons for this poor response, some of which are noted in the letter accompanying this tab and others which were discussed in pre-facilitation. Given those reasons and the small volume of this code, which is specific to Medicare, we do not believe a resurvey is warranted or would be effective.

Accordingly, the specialties recommend that the RUC accept the current value and time as set by CMS. We note that 0.45 work RVUs for 30 minutes of physician time, as recommended, is less than the 0.50 work RVUs for 15 minutes of physician time for 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes), an MPC code noted above. It is also less than the 0.61 work RVUs for 20 minutes of physician time in 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) and the 0.80 work RVUs for 25 minutes of physician time in 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). We found 14 RUC-reviewed codes with an XXX global period and 0.45 work RVUs; all involve less time than is recommended for G0445 with the same value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) This service is typically billed with G0446 (ANNUAL, FACE-TO-FACE INTENSIVE BEHAVIORAL THERAPY FOR CARDIOVASCULAR DISEASE, INDIVIDUAL, 15 MINUTES) (60.6%), G0442 (ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES) (52.5%), and 99214 (OFFICE OUTPATIENT VISIT 25 MINUTES) (50.5%)

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.

	Code	Global	Work RVU	Pre	Intra	Post
3.	G0445	XXX	0.45	0	30	0
4.	G0446	XXX	0.45	0	15	0
5.	G0442	XXX	0.18	0	15	0
6.	99214	XXX	1.92	7	30	10
7.	Totals		3.00	7	90	10
8.						
9.						

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0445

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 Internal Medicine How often? Rarely

Specialty Family Medicine How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1721
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This code is rarely used outside the Medicare program; the national frequence and breakdown by specialty is, thus, the same as for Medicare, below.

Specialty Internal Medicine Frequency 666 Percentage 38.69 %

Specialty Family Medicine Frequency 516 Percentage 29.98 %

Specialty (all others) Frequency 539 Percentage 31.31 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,721
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 actual 2021 Medicare utilization as shown in the RUC database

Specialty Internal Medicine Frequency 666 Percentage 38.69 %

Specialty Family Medicine Frequency 516 Percentage 29.98 %

Specialty (all others) Frequency 539 Percentage 31.31 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

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 G0445

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:G0446 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX Current Work RVU: **0.45** RUC Recommended RVU: **0.45**

CPT Descriptor: Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72 year old patient with hypertension receives intensive behavioral therapy for cardiovascular disease prevention during an annual wellness exam.

Percentage of Survey Respondents who found Vignette to be Typical: 71%

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: (Not applicable)

Description of Intra-Service Work: The clinician counsels the patient on behavior changes needed to decrease risk of cardiovascular disease, discusses medications and their role in the reduction of cardiovascular risk and the importance of compliance, counsels on relevant lab work and goals to reach to decrease cardiovascular risk and strategies to achieve those goals.

Description of Post-Service Work: (Not applicable)

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	Jeannine Engel, MD, Brad Fox, MD, Charlie Hamori, MD, FACP					
Specialty Society(ies):	American Academy of Family Physicians, American College of Physicians					
CPT Code:	G0446					
Sample Size:	7500	**Resp N:**	7			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	10.00	**70.00**	90.00	150.00	
Survey RVW:	0.60	0.70	**0.80**	0.90	35.00	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	4.00	**10.00**	15.00	30.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	G0446	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99422	XXX	0.50	**RUC Time**

CPT Descriptor Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99446	XXX	0.35	**RUC Time**	7,197

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	64,547

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 71.4 **%**

Number of respondents who choose 2nd Key Reference Code: 1 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: G0446	Top Key Reference CPT Code: 99212	2nd Key Reference CPT Code: **99422**
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	15.00	11.00	15.00
Median Immediate Post-service Time	0.00	3.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**16.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	60%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	20%	80%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	100%	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	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	100%	0%
Physical effort required	0%	0%	100%

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%	0%	100%

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.

In April 2022, the Relativity Assessment Workgroup identified G0446 as being a service with Medicare utilization of 10,000 or more that has increased by at least 100% from 2015 through 2020. In September 2022, the RUC recommended that G0446 be surveyed for April 2023 after the Centers for Medicare & Medicaid Services (CMS) publishes revised code descriptions in the Final Rule for 2023.

The Centers for Medicare & Medicaid Services (CMS) created code G0446 in conjunction with the National Coverage Determination on "Intensive Behavioral Therapy for Cardiovascular Disease," effective with the 2012 Medicare physician fee schedule. CMS crosswalked its value from code 97803 (Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes.) CMS set the physician time equal to 15 minutes, consistent with the code descriptor. The physician work RVUs for this service have been 0.45 since its inception, and Medicare volume for this code has been as follows:

2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
42,750	73,223	88,449	108,901	143,493	181,760	216,004	253,992	261,551	290,059

As noted in the letter accompanying this tab, the specialties randomly surveyed 7,500 members. The survey was in the field for more than two weeks. Despite reminders and a deadline extension, we were only able to achieve seven responses to the survey for this code. We believe there are multiple reasons for this poor response, some of which are noted in the letter accompanying this tab and others which were discussed in pre-facilitation. We further note that although this Medicare-specific code is reported almost 300,000 times per year, there are approximately 150,000 family physicians and internists, which means the average family physician or internist only reports this service once or twice a year. Given all that, we do not believe a resurvey is warranted or would be effective.

Accordingly, the specialties recommend that the RUC accept the current value and time as set by CMS. We note that 0.45 work RVUs for 15 minutes of physician time, as recommended, is less than the 0.50 work RVUs for 15 minutes of physician time for 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes), an MPC code noted above. In total, we found nine RUC-reviewed codes with an XXX global period that have the same intra-service and total time of 15 minutes and work RVUs greater than or equal to the 0.45 recommended for G0446:

CPT Code	Long Desc	Work RVU
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	0.62
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	0.62
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	0.56
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	0.48
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)	0.60
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	0.48
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	0.50
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	0.50
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.	0.61

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) This code is typically billed with G0439 (ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT) (64.3%) and G0444 (ANNUAL DEPRESSION SCREENING, 15 MINUTES) (52.9%).

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.

	Code	Global	Work RVU	Pre	Intra	Post
3.	G0446	XXX	0.45	0	15	0
4.	G0439	XXX	1.92	7	30	10
5.	G0444	XXX	0.18	0	15	0
6.	Totals		2.55	7	60	10
7.						
8.						

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0446

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 Internal Medicine How often? Sometimes

Specialty Family Medicine How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 290059
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This code is rarely used outside the Medicare program; the national frequence and breakdown by specialty is, thus, the same as for Medicare, below.

Specialty Internal Medicine Frequency 137778 Percentage 47.49 %

Specialty Family Medicine Frequency 109352 Percentage 37.69 %

Specialty (all others) Frequency 42929 Percentage 14.80 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 290,059 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 actual 2021 Medicare utilization as shown in the RUC database

Specialty Internal Medicine	Frequency 137778	Percentage 47.49 %
Specialty Family Medicine	Frequency 109352	Percentage 37.69 %
Specialty (all others)	Frequency 42929	Percentage 14.80 %

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:
Evaluation Management

BETOS Sub-classification:
Office visit

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 G0446

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:G0447 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX Current Work RVU: **0.45** RUC Recommended RVU: **0.45**

CPT Descriptor: Face-to-face behavioral counseling for obesity, 15 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year old patient with a BMI of 33 is seen for counseling and behavioral therapy for weight loss, exercise and diet at the time of an E/M visit.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they 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: (Not applicable)

Description of Intra-Service Work: The clinician educates the patient on the patient's history, counsels on strategies to lose weight or prevent obesity, and educates on blood work, medications, lifestyle changes, exercise or other interventions that can help the patient lose weight or prevent obesity. Also, the clinician explores insurance coverage and cost for medications, interventions, and/or procedures and works with the patient to overcome access barriers to interventions.

Description of Post-Service Work: (Not applicable)

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023					
Presenter(s):	Jeannine Engel, MD, Brad Fox, MD, Charlie Hamori, MD, FACP					
Specialty Society(ies):	American Academy of Family Physicians, American College of Physicians					
CPT Code:	G0447					
Sample Size:	7500	**Resp N:**	8			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	10.00	**50.00**	80.00	200.00	
Survey RVW:	0.30	0.70	**0.80**	1.10	35.00	
Pre-Service Evaluation Time:			**6.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	5.00	**13.00**	16.00	30.00	
Immediate Post Service-Time:	**6.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	G0447	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99211	XXX	0.18	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99446	XXX	0.35	**RUC Time**	7,197

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	64,547

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 62.5 **%**

Number of respondents who choose 2nd Key Reference Code: 1 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: G0447	Top Key Reference CPT Code: 99212	2nd Key Reference CPT Code: **99211**
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	15.00	11.00	5.00
Median Immediate Post-service Time	0.00	3.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**16.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	40%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	20%	80%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	100%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
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%	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.

In April 2022, the Relativity Assessment Workgroup identified G0446 as being a service with Medicare utilization of 10,000 or more that has increased by at least 100% from 2015 through 2020. In September 2022, the RUC recommended that G0446 be surveyed for April 2023 after the Centers for Medicare & Medicaid Services (CMS) publishes revised code descriptions in the Final Rule for 2023. Code G0447 was included in the family.

CMS created code G0447 effective with the 2012 Medicare physician fee schedule in conjunction with the National Coverage Determination (NCD) on "Intensive Behavioral Therapy for Obesity" (NCD 210.12). CMS crosswalked its value from code 97803 (Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes). CMS set the time for this service at 15 minutes, consistent with the code descriptor. The physician work RVUs for this service have been 0.45 since its inception, and Medicare volume for this code has ranged from 55,809 in 2012 to 326,317 in 2019. The Medicare claims volume was 289,558 in 2021.

As noted in the letter accompanying this tab, the specialties randomly surveyed 7,500 members. The survey was in the field for more than two weeks. Despite reminders and a deadline extension, we were only able to achieve eight responses to the survey for this code. We believe there are multiple reasons for this poor response, some of which are noted in the letter accompanying this tab and others which were discussed in pre-facilitation. We further note that although this Medicare-specific code is reported almost 300,000 times per year, there are approximately 150,000 family physicians and internists, which means the average family physician or internist only reports this service once or twice a year. Given all that, we do not believe a resurvey is warranted or would be effective.

Accordingly, the specialties recommend that the RUC accept the current value and time as set by CMS. We note that 0.45 work RVUs for 15 minutes of physician time, as recommended, is less than the 0.50 work RVUs for 15 minutes of physician time for 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes), an MPC code noted above. In total, we found nine RUC-reviewed codes with an XXX global period that have the same intra-service and total time of 15 minutes and work RVUs greater than or equal to the 0.45 recommended for G0446:

CPT Code	Long Desc	Work RVU
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	0.62
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	0.62
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	0.56
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	0.48
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)	0.60
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	0.48
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	0.50
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	0.50
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.	0.61

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:

   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) This code is typically billed together with an office E/M (most commonly, 99214)

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.

	Code	Global	Work RVU	Pre	Intra	Post
3.	G0447	XXX	0.45	0	15	0
4.	99214	XXX	1.92	7	30	10
5.	Totals		2.37	7	45	10
6.						
7.						

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0447

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 Internal Medicine How often? Sometimes

Specialty Family Medicine How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 289558
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This code is rarely used outside the Medicare program. The national frequence and breakdown by specialty is, thus, the same as for Medicare, below.

Specialty Internal Medicine Frequency 137540 Percentage 47.49 %

Specialty Family Medicine Frequency 94975 Percentage 32.79 %

Specialty (all others) Frequency 57043 Percentage 19.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 289,558 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 actual 2021 Medicare utilization as shown in the RUC database

Specialty Internal Medicine Frequency 137540 Percentage 47.49 %

Specialty Family Medicine Frequency 94975 Percentage 32.79 %

Specialty (all others) Frequency 57043 Percentage 19.70 %

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:
Evaluation Management

BETOS Sub-classification:
Office visit

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 G0447

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.

April 2023 Tab 12 RUC Summary

Issue: Behavioral Counseling/Therapy (G0445-G0447)

Tab: 12

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99212	Office or other outpatient visit for the evaluation and management of an established patient, which	XXX	2019	5	0.0438	0.04375			0.7			16	2					11			3					
2nd REF	73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	XXX	2021	1	0.0261	0.02458			0.59			24	5					14			5					
CURRENT	G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face,	XXX	CMS/Other		0.015	0.015			0.45			30						30								
SVY	G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-	XXX	Apr-23	6	0.0404	0.0332	0.65	0.73	0.83	0.89	1	25	5			3	12	15	19	30	5	0	3	10	48	80
REC	G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-	XXX			0.015	0.015			0.45			30						30								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99212	Office or other outpatient visit for the evaluation and management of an established patient, which	XXX	2019	5	0.0438	0.04375			0.7			16	2					11			3					
2nd REF	99422	Online digital evaluation and management service, for an established patient, for	XXX	2019	1	0	0						15						15								
CURRENT	G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual,	XXX	CMS/Other		0.03	0.03			0.45			15						15								
SVY	G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual,	XXX	Apr-23	7	0.0576	0.04	0.55	0.73	0.8	0.93	35	20	5			3	4	10	15	30	5	0	10	70	90	150
REC	G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual,	XXX			0.03	0.03			0.45			15						15								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99212	Office or other outpatient visit for the evaluation and management of an established patient, which	XXX	2019	5	0.0438	0.04375			0.7			16	2					11			3					
2nd REF	99211	Office or other outpatient visit for the evaluation and management of an	XXX	2019	1	0.0257	0.02571			0.18			7						5			2					
CURRENT	G0447	Face-to-face behavioral counseling for obesity, 15 minutes	XXX	CMS/Other		0.03	0.03			0.45			15						15								
SVY	G0447	Face-to-face behavioral counseling for obesity, 15 minutes	XXX	Apr-23	8	0.0409	0.032	0.25	0.67	0.8	1.05	35	25	6			3	5	13	16	30	6	0	10	50	80	200
REC	G0447	Face-to-face behavioral counseling for obesity, 15 minutes	XXX			0.03	0.03			0.45			15						15								

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): G0445, G0446, G0447**
SPECIALTY SOCIETY(IES): AAFP, ACP
PRESENTER(S): Brad Fox, MD, Charlie Hamori, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 04/2023

CPT Code	Long Descriptor	Global Period
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	XXX
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	XXX
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
G0445	A 68 year old patient is found to have multiple sexual partners and receives education, skills training and guidance regarding sexually transmitted infection prevention during an annual wellness exam.
G0446	A 72 year old patient with hypertension receives intensive behavioral therapy for cardiovascular disease prevention during an annual wellness exam.
G0447	A 68 year old patient with a BMI of 33 is seen for counseling and behavioral therapy for weight loss, exercise and diet at the time of an E/M visit.

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:
   Acting as an expert panel, the specialty societies' advisors used the current, CMS direct practice expense inputs as a basis for their recommendation.

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 are using the current direct PE inputs for codes G0445-G0447 as the point of 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?
   Yes, each code is typically reported with an E/M service, including in the 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.

For G0445, Internal Medicine is the dominant specialty in the non-facility setting, providing the service 38.7% of the time in 2021. This is also true for the global.

For G0446, Internal Medicine is the dominant specialty in the non-facility setting, providing the service 47.8% of the time in 2021. This is also true for the global.

For G0447, Internal Medicine is the dominant specialty in the non-facility setting, providing the service 47.5% of the time in 2021. This is also true for the global.

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:

(Not applicable)

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.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

(Not applicable)

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 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

(Not applicable)

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:

(Not applicable)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

(Not applicable)

    b. Service period (includes pre, intra and post):

Clinical staff arranges follow-up and/or referrals with clinical and community resources and provides educational materials.

    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:*

(Not applicable)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
(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 2nd 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.
(Not applicable)

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 4th 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 8-10th 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 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
(Not applicable)

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:

(Not applicable)

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 Latitute 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 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EF023 – Table, exam (Other formula) – Clinical staff time plus physician/QHP time These services are typically done in conjunction with an E/M service, such as the Medicare annual wellness visit, which occurs in an exam room. The counseling/behavioral therapy can be potentially sensitive in nature (e.g., when addressing sexually transmitted infection or obesity), which supports the provision of these services in an exam room in the typical case. The exam table is otherwise unavailable to other patients or for other services during this time. Clinical staff time does not typically overlap physician/QHP time.

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:

CMS currently includes a whip mixer (EP086) and biohazard hood (EP016) among the equipment assigned to code G0445. The specialties believe this is in error and have recommended eliminating both pieces of equipment from G0445.

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. *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.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

Modifications made to the PE spreadsheet during the PE Subcommittee meeting:

For G0445:

- Supply item SK062 (patient education booklet) eliminated in favor of SK057 (paper, laser printing (each sheet)) in the amount of 10 sheets
- EF023 (table, exam) time reduced from 20 minutes to 17 minutes (equal to 2 minutes of staff time plus 15 minutes of physician/QHP time (median from survey))

For G0446:

- Supply item SK062 (patient education booklet) eliminated in favor of SK057 (paper, laser printing (each sheet)) in the amount of 10 sheets
- EF023 (table, exam) time reduced from 15 minutes to 12 minutes (equal to 2 minutes of staff time plus 10 minutes of physician/QHP time (median from survey))

For G0447:

- Supply item SK062 (patient education booklet) eliminated in favor of SK057 (paper, laser printing (each sheet)) in the amount of 10 sheets

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2						G0445		G0445		G0446		G0446		G0447		G0447	
3		*RUC Collaboration Website*															
4	Clinical Activity Code	Meeting Date: 04/2023 Revision Date (if applicable): April 14, 2023 Tab: 12 Specialty: AAFP, ACP	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	High intensity behavioral counseling to prevent sexually transmitted infection;		High intensity behavioral counseling to prevent sexually transmitted infection;		Annual, face-to-face intensive behavioral therapy for cardiovascular		Annual, face-to-face intensive behavioral therapy for cardiovascular		Face-to-face behavioral counseling for obesity, 15 minutes		Face-to-face behavioral counseling for obesity, 15 minutes	
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD															
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		TOTAL CLINICAL STAFF TIME	L037D			2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			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			2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			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 RATE PER MINUTE				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD															
14		Start: Following visit when decision for surgery/procedure made															
15	CA001		L037D														
16	CA002		L037D														
17	CA003		L037D														
18	CA004		L037D														
19	CA005		L037D														
20	CA006		L037D														
21	CA007		L037D														
22	CA008		L037D														
23			L037D														
26		*Other activity: please include short clinical description here and type new*	L037D														
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		L037D														
34	CA010		L037D														
35	CA011		L037D														
36	CA012		L037D														
37	CA013		L037D														
38	CA014		L037D														
39	CA015		L037D														
40	CA016		L037D														
41	CA017		L037D														
42			L037D														
45		*Other activity: please include short clinical description here and type new*	L037D														
48		Intra-service (of service period)															
49	CA018		L037D														
50	CA019		L037D														
51	CA020		L037D														
52	CA021		L037D			2		0		2		0		2		0	
55			L037D														
56		*Other activity: please include short clinical description here and type new*	L037D														
59		Post-Service (of service period)															
60	CA022		L037D														
61	CA023		L037D														
62	CA024		L037D														
63	CA025		L037D														
64	CA026		L037D														
65	CA027		L037D														
66	CA028		L037D														
67	CA029		L037D														
68	CA030		L037D														
69	CA031		L037D														
70	CA032		L037D														
71	CA033		L037D														
72	CA034		L037D														
73	CA035		L037D					2				2				2	
74	CA036		L037D			n/a		n/a		n/a		n/a		n/a		n/a	
75			L037D														
78		*Other activity: please include short clinical description here and type new*	L037D														
81		End: Patient leaves office/facility															
82		POST-SERVICE PERIOD															
83		Start: Patient leaves office/facility															
84	CA037		L037D														
85	CA038		L037D														
86		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes	16														
88		99212 27 minutes	27														
89		99213 36 minutes	36														
90		99214 53 minutes	53														
91		99215 63 minutes	63														
92	CA039		L037D			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
93			L037D														
96		*Other activity: please include short clinical description here and type new*	L037D														
99		End: with last office visit before end of global period															

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**G0445**		**G0445**		**G0446**		**G0446**		**G0447**		**G0447**	
3		***RUC Collaboration Website***															
4	**Clinical Activity Code**	**Meeting Date: 04/2023** **Revision Date (if applicable): April 14, 2023** **Tab: 12** **Specialty: AAFP, ACP**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	High intensity behavioral counseling to prevent sexually transmitted infection;		High intensity behavioral counseling to prevent sexually transmitted infection;		Annual, face-to-face intensive behavioral therapy for cardiovascular		Annual, face-to-face intensive behavioral therapy for cardiovascular		Face-to-face behavioral counseling for obesity, 15 minutes		Face-to-face behavioral counseling for obesity, 15 minutes	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**															
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		**TOTAL CLINICAL STAFF TIME**	L037D			**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D			**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			**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**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**				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
102	SK062					0.5		0.0		0.5		0.0		0.5		0.0	
103	SK057							**10**				**10**				**10**	
104																	
105																	
106																	
107																	
108		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*															
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**												
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
112	EP086			Other Formula		5		0		0		0		0		0	
113	EP016			Other Formula		45		0		0		0		0		0	
114	EF023			Other Formula		20		**17**		15		**12**		15		**15**	
115																	
116																	
117																	
118		*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.*															

AMA/Specialty Society RVS Update Committee **Tab 14**
Practice Expense Subcommittee
April 26, 2023

Members Present: Scott Manaker, MD, PhD, (Chair), Amy Aronsky, DO, Gregory Barkley, MD, John Blebea, MD, Michael Booker, MD, Neal Cohen, MD, William Gee, MD, David Han, MD, Katie Jordan, OTD, OTR/L, Mollie MacCormack, MD, Bradley Marple, MD, Tye Ouzounian, MD, Richard Rausch, DPT, MBA, Donald Selzer, MD, Edward Vates, MD, Elisabeth Volpert, DNP, APRN, Thomas J. Weida, MD, Adam Weinstein, MD, and Tim Swan, MD (CPT Resource)

I. Post-Operative Patient Communications

The Practice Expense (PE) Subcommittee agreed to discuss the issue of post-operative patient communications at its April meeting to determine if the PE benchmark regarding phone calls needed to be modified in light of action taken at the January 2023 PE meeting on Tab 07 Posterior Nasal Nerve Ablation, CPT codes 30117 *Excision or destruction (eg, laser), intranasal lesion; internal approach* and 30118 *Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)*.

In January, the PE Subcommittee approved an additional 3 minutes for CA037 *Conduct patient communications* in CPT codes 30117 and 30118. The specialty society indicated that this call to a patient is typical 1-2 days post-op, and the PE members agreed that this type of communication immediately following a surgery is evolving and reflects best practice that may be applied to other 090-day global codes. However, the Subcommittee recognized that a phone call is outside of the 090-day global standard:

- All phone calls, standardized to 3 minutes. No phone calls are allowed in the post-operative period for 010 and 90 day global codes.

The PE Subcommittee discussed the existing benchmarks including the standard for Discharge Day Management:

- Discharge day management
  If the claims data indicate site-of-service is:
  less than 50% inpatient – 6 minutes (.5 99238)
  greater than 50% inpatient – 12 minutes (99238); 15 minutes (99239)
  more than 50% non-facility (e.g., office) – 0 minutes

The PE Subcommittee agreed that the existing benchmark for Discharge Day Management should clarify that it encompasses phone calls. There are two 3-minute phone calls provided for in the ½ day discharge and four 3-minute phone calls in a full day discharge code 99238.

The PE Subcommittee will continue its discussion of post-operative patient communications at the September meeting after CMS has released the Proposed Rule. It was explained that the new Evaluation and Management (E/M) services account for the work and practice expense three-days prior to the visit and seven-days following the visit. A phone call performed outside this period (ie, in the immediate days following the surgery) would not be incorporated into the bundled E/M visits in the global period. The Subcommittee will evaluate the outcome of CPT codes 30117 and 30118 in the Proposed Rule and better determine if the PE benchmark regarding phone calls needs to be modified in light of the E/M code revisions and typical communications to the patient.

II. Pricing of Packs

At the January 2023 RUC meeting, the PE Subcommittee requested that AMA staff deconstruct the packs in order to review pricing after noting a discrepancy with the SA051 *pack, pelvic exam* while reviewing Tab 13 Pelvic Exam (PE Only), 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.

One would expect the pack price to be identical to the total cost of its contents. The purpose of the packs is to simplify the process of identifying and recommending PE supply direct inputs. By using the packs, the RUC does not need to repeat all the individual supplies each time they are used in a code and it simplifies review of line items. The packs are for simplicity-sake only, so the pricing should be exactly the same as the total cost of the individual supplies.

AMA Staff prepared a document with the 23 deconstructed packs for consideration by the PE Subcommittee. 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."

Accordingly, the RUC will share the deconstructed packs document and volume analysis with CMS with recommended corrections in CY2024 rulemaking. The PE Subcommittee also formed a workgroup to review the content of the packs to assess if they are still typical and revise as necessary.

III. Practice Expense Recommendations for CPT 2025:

Tab	Title	PE Input Changes	Consent Calendar
4	Iris Procedures	No Changes	
5	Optical Coherence Tomography (OCT)	Modifications	
6	Telemedicine Evaluation and Management Services	No Changes	
7	Skin Adhesives (PE Only)	No Changes	
8	Laser Treatment – Skin	Modifications	

Tab	Title	PE Input Changes	Consent Calendar
9	Acupuncture/ Electroacupuncture	Modifications	
10	Annual Alcohol Screening	Modifications	
11	Annual Depression Screening	Modifications	
12	Behavioral Counseling/Therapy	Modifications	

RUC Practice Expense Subcommittee
April 2023

Pricing of Packs
Staff Note

At the January 2023 RUC meeting, the Practice Expense (PE) Subcommittee considered Tab 13 Pelvic Exam (PE Only), CPT code 9X036 *Pelvic exam (List separately in addition to code for primary procedure)*.

The PE Subcommittee noted that SA051 *pack, pelvic exam* is priced at $20.16 which seemed high for the four items included therein.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, pelvic exam	**SA051**	**pack**		**20.16**
lubricating jelly (K-Y) (5gm uou)		item	1	
pad, feminine mini		item	1	
swab, procto 16in		item	2	
specula, vaginal		item	1	

As listed below, the individual pack items from the 2023 CMS Direct PE Inputs Medical Supplies Listing totaled separately equal $2.81.

SJ032 lubricating jelly (K-Y) (5gm uou): $0.54
SK052 pad, feminine mini: $0.37
SJ052 swab, procto 16in: $0.27 (x2) = $0.54
SD118 specula, vaginal: $1.36

Deconstruction of packs in other tabs at the meeting also revealed similar discrepancies between the aggregated cost of a pack and the individual item components. The PE Subcommittee requested that AMA staff deconstruct the packs in order to review pricing.

One would expect the pack price to be identical to the items therein. The purpose of the packs is to simplify the process of identifying and recommending PE supply direct inputs. By using the packs, the RUC does not need to repeat all the individual supplies each time they are used in a code and it simplifies review of line items. The packs are for simplicity-sake only, so the pricing should be exactly the same as the total cost of the individual supplies.

The attached document with the 23 deconstructed packs was prepared for consideration of the PE Subcommittee. Review of the pack pricing uncovered numerous discrepancies. AMA 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."

Accordingly, the RUC will share the attached packs document and volume analysis with CMS with recommended corrections in CY2024 rulemaking.

DESCRIPTION	Code	Unit	Item Qty	Unit price	
pack, basic injection	**SA041**	**pack**		**10.45**	
applicator, sponge-tipped	SG009	item	3	0.15	0.45
bandage, strip 0.75in x 3in (Bandaid)	SG021	item	1	0.41	0.41
cap, surgical	SB001	item	1	1.14	1.14
drape, sterile barrier 16in x 29in	SB007	item	1	0.51	0.51
drape, sterile, for Mayo stand	SB012	item	1	1.07	1.07
gauze, sterile 4in x 4in	SG055	item	2	0.19	0.38
gloves, sterile	SB024	pair	2	0.91	1.82
gown, staff, impervious	SB027	item	1	1.186	1.186
gown, surgical, sterile	SB028	item	1	5.13	5.13
lidocaine 1%-2% inj (Xylocaine)	SH047	ml	5	0.06	0.3
mask, surgical	SB033	item	1	0.43	0.43
needle, 18-27g	SC029	item	2	0.04	0.08
povidone soln (Betadine)	SJ041	ml	10	0.38	3.8
syringe 3ml	SC055	item	1	0.25	0.25
underpad 2ft x 3ft (Chux)	SB044	item	1	0.32	0.32
Deconstructed Pricing					17.276

DESCRIPTION	Code	Unit	Item Qty	Unit price	
alternate injection pack*, basic injection	**SA135**	**pack**		**14.12**	
bandage, strip 0.75in x 3in (Bandaid)	SG021	item	1	0.41	0.41
cap, surgical	SB001	item	1	1.14	1.14
drape, sterile barrier 16in x 29in	SB007	item	1	0.51	0.51
drape, sterile, for Mayo stand	SB012	item	1	1.07	1.07
gauze, sterile 4in x 4in	SG055	item	2	0.19	0.38
gloves, sterile	SB024	pair	2	0.91	1.82
gown, staff, impervious	SB027	item	1	1.186	1.186
gown, surgical, sterile	SB028	item	1	5.13	5.13
lidocaine 1%-2% inj (Xylocaine)	SH047	ml	5	0.06	0.3
mask, surgical	SB033	item	1	0.43	0.43
needle, 18-27g	SC029	item	2	0.04	0.08
swab, patient prep, 1.5 ml (chloraprep)	SJ081	item	1	1.09	1.09
syringe 3ml	SC055	item	1	0.25	0.25
underpad 2ft x 3ft (Chux)	SB044	item	1	0.32	0.32
**created CY 2023 Final Rule (CMS-1770-F) per RUC request May 2021.*					
Deconstructed Pricing					14.116

DESCRIPTION	Code	Unit	Item Qty	Unit price	
pack, cleaning and disinfecting, endoscope	**SA042**	**pack**		**19.43**	
gloves, non-sterile	SB022	pair	4	0.3	1.2
gown, staff, impervious	SB027	item	1	1.186	1.186
face shield, splash protection (***mask, surgical, with face shi***	SB034	item	1	3.4	3.4
biohazard specimen transport bag	SM008	item	1	0.08	0.08
gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1	1.2	1.2
alcohol isopropyl 70%	SJ001	ml	60	0.03	1.8
cleaning brush, endoscope	SM010	item	1	3.15	3.15
glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	32	3.44	110.08

glutaraldehyde test strips (Cidex, Metrex)	SM019	item	1	0.84	0.84
Deconstructed Pricing					122.936

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, cleaning, surgical instruments	**SA043**	**pack**	1	**12.61**	
gloves, non-sterile	SB022	pair	2	0.3	0.6
gown, staff, impervious	SB027	item	1	1.186	1.186
face shield, splash protection (***mask, surgical, with face shi***	SB034	item	1	3.4	3.4
autoclave bag	SM002	item	1	0.07	0.07
autoclave tape	SM003	yd	0.33	0.05	0.0165
enzymatic detergent	SM015	oz	1	0.22	0.22
cleaning brush, instruments	SM011	item	1	5.6	5.6
Deconstructed Pricing					11.0925

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, moderate sedation	**SA044**	**pack**		**18.55**	
angiocatheter 14g-24g	SC001	item	1	2.45	2.45
bandage, strip 0.75in x 3in	SG021	item	1	0.41	0.41
catheter, suction	SD031	item	1	0.32	0.32
dressing, 4in x 4.75in (Tegaderm)	SG037	item	1	0.6	0.6
electrode, ECG (single)	SD053	item	3	0.06	0.18
electrode, ground	SD059	item	1	1.28	1.28
gas, oxygen	SD084	liter	200	0.01	2
gauze, sterile 4in x 4in	SG055	item	4	0.19	0.76
gloves, sterile	SB024	pair	1	0.91	0.91
gown, surgical, sterile	SB028	item	1	5.13	5.13
iv infusion set	SC018	item	1	1.27	1.27
kit, iv starter	SA019	kit	1	1.07	1.07
oxygen mask (1) and tubing (7ft)	SD105	item	1	0.9	0.9
pulse oximeter sensor probe wrap **(cover, thermometer prob**	SB004	item	1	0.22	0.22
stop cock, 3-way	SC049	item	1	1.04	1.04
swab-pad, alcohol	SJ053	item	2	0.04	0.08
syringe 1ml	SC052	item	1	0.26	0.26
syringe-needle 3ml 22-26g	SC064	item	2	0.05	0.1
tape, surgical paper 1in (Micropore)	SG079	inch	12	0.01	0.12
tourniquet, non-latex 1in x 18in	SD124	item	1	0.1	0.1
Deconstructed Pricing					19.2

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, e/m visit	**SA047**	**pack**		**5.468**	
cover, thermometer probe	SB004	item	1	0.22	0.22
drape, non-sterile, sheet 40in x 60in	SB006	item	1	0.13	0.13
gloves, non-sterile	SB022	pair	2	0.3	0.6
gown, patient	SB026	item	1	0.59	0.59
paper, exam table	SB036	foot	7	0.014	0.098
patient education booklet	SK062	item	1	2.8	2.8
pillow case	SB037	item	1	0.47	0.47
specula tips, otoscope	SM025	item	1	0.45	0.45

swab-pad, alcohol	SJ053	item	2	0.04	0.08
tongue depressor	SJ061	item	1	0.03	0.03
Deconstructed Pricing					5.468

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, minimum multi-specialty visit	**SA048**	**pack**		**5.02**	
paper, exam table	SB036	foot	7	0.014	0.098
gloves, non-sterile	SB022	pair	2	0.3	0.6
gown, patient	SB026	item	1	0.59	0.59
pillow case	SB037	item	1	0.47	0.47
cover, thermometer probe	SB004	item	1	0.22	0.22
Deconstructed Pricing					1.978

	Code	**Unit**	**Item Qty**	**Unit price**	
pack, ophthalmology visit (no-dilation)	**SA050**	**pack**		**2.72**	
Cotton tipped applicators (**applicator, cotton-tipped, non-st**	SG008	item	2	0.07	0.14
fluorescein strips	SH034	item	1	0.282	0.282
gloves, non-sterile	SB022	pair	2	0.3	0.6
proparacaine 0.5% ophth (Ophthaine, Alcaine)	SH058	ml	0.1	2.3533	0.23533
paper, chinrest	SB035	item	1	0.008	0.008
swab-pad, alcohol	SJ053	item	2	0.04	0.08
Deconstructed Pricing					1.34533

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, pelvic exam	**SA051**	**pack**		**20.16**	
lubricating jelly (K-Y) (5gm uou)	SJ032	item	1	0.54	0.54
pad, feminine mini	SK052	item	1	0.37	0.37
swab, procto 16in	SJ052	item	2	0.27	0.54
specula, vaginal	SD118	item	1	1.36	1.36
Deconstructed Pricing					2.81

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, post-op incision care (staple)	**SA052**	**pack**		**4.8**	
kit, staple removal	SA030	kit	1	1.203	1.203
povidone soln (Betadine)	SJ041	ml	10	0.38	3.8
gauze, sterile 4in x 4in	SG055	item	2	0.19	0.38
gloves, sterile	SB024	pair	1	0.91	0.91
steri-strip (6 strip uou)	SG074	item	2	1.54	3.08
swab-pad, alcohol	SJ053	item	2	0.04	0.08
tape, surgical paper 1in (Micropore)	SG079	inch	12	0.01	0.12
tincture of benzoin, swab	SJ060	item	1	0.33	0.33
Deconstructed Pricing					9.903

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, post-op incision care (suture & staple)	**SA053**	**pack**		**5.47**	

kit, staple removal	SA030	kit	1	1.203	1.203
kit, suture removal	SA031	kit	1	1.64	1.64
povidone soln (Betadine)	SJ041	ml	10	0.38	3.8
gauze, sterile 4in x 4in	SG055	item	2	0.19	0.38
gloves, sterile	SB024	pair	1	0.91	0.91
steri-strip (6 strip uou)	SG074	item	2	1.54	3.08
swab-pad, alcohol	SJ053	item	2	0.04	0.08
tape, surgical paper 1in (Micropore)	SG079	inch	12	0.01	0.12
tincture of benzoin, swab	SJ060	item	1	0.33	0.33
Deconstructed Pricing					11.543

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, post-op incision care (suture)	**SA054**	**pack**		**4.62**	
kit, suture removal	SA031	kit	1	1.64	1.64
povidone soln (Betadine)	SJ041	ml	10	0.38	3.8
gauze, sterile 4in x 4in	SG055	item	2	0.19	0.38
gloves, sterile	SB024	pair	1	0.91	0.91
steri-strip (6 strip uou)	SG074	item	2	1.54	3.08
swab-pad, alcohol	SJ053	item	2	0.04	0.08
tape, surgical paper 1in (Micropore)	SG079	inch	12	0.01	0.12
tincture of benzoin, swab	SJ060	item	1	0.33	0.33
Deconstructed Pricing					10.34

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, post-op incision care, craniotomy	**SA055**	**pack**		**7.3**	
kit, staple removal	SA030	kit	1	1.203	1.203
kit, suture removal	SA031	kit	1	1.64	1.64
povidone soln (Betadine)	SJ041	ml	20	0.38	7.6
gauze, sterile 4in x 4in	SG055	item	4	0.19	0.76
gloves, sterile	SB024	pair	1	0.91	0.91
bandage, Kling, non-sterile 2in	SG017	item	1	1.65	1.65
steri-strip (6 strip uou)	SG074	item	2	1.54	3.08
swab-pad, alcohol	SJ053	item	2	0.04	0.08
tape, surgical paper 1in (Micropore)	SG079	inch	60	0.01	0.6
tincture of benzoin, swab	SJ060	item	2	0.33	0.66
Deconstructed Pricing					18.183

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, post-op incision care, neurosurgical	**SA056**	**pack**		**6.203**	
kit, staple removal	SA030	kit	1	1.203	1.203
kit, suture removal	SA031	kit	1	1.64	1.64
povidone soln (Betadine)	SJ041	ml	20	0.38	7.6
gauze, sterile 4in x 4in	SG055	item	4	0.19	0.76
gloves, sterile	SB024	pair	1	0.91	0.91
steri-strip (6 strip uou)	SG074	item	2	1.54	3.08
swab-pad, alcohol	SJ053	item	2	0.04	0.08
tape, surgical paper 1in (Micropore)	SG079	inch	12	0.01	0.12

tincture of benzoin, swab	SJ060	item	2	0.33	0.66
Deconstructed Pricing					16.053

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, urology cystoscopy visit	**SA058**	**pack**		**113.7**	
pack, drapes, cystoscopy	SA045	pack	1	17.33	17.33
povidone soln (Betadine)	SJ041	ml	10	0.38	3.8
tubing, irrigation (cysto)	SD129	item	1	3.54	3.54
gloves, non-sterile	SB022	pair	1	0.3	0.3
gloves, sterile	SB024	pair	1	0.91	0.91
lidocaine 2% jelly, topical (Xylocaine)	SH048	ml	10	1.04	10.4
sanitizing cloth-wipe (patient)	SM021	item	5	0.07	0.35
sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1	3.34	3.34
Deconstructed Pricing					39.97

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, drape, ortho, large	**SA080**	**pack**		**37.3**	
drape, sterile, for Mayo stand	SB012	item	1	1.07	1.07
drape, sterile, u-shape	SB015	item	1	6.39	6.39
drape, sterile, three-quarter sheet	SB014	item	1	3.46	3.46
bandage, Esmarch-Martin, sterile 3in x 9ft	SG015	item	1	6.08	6.08
drape, sterile, hand-upper extremity	SB013	item	1	8.38	8.38
Deconstructed Pricing					25.38

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, drape, ortho, small	**SA081**	**pack**		**2.25**	
drape-towel, sterile 18in x 26in	SB019	item	4	0.47	1.88
Deconstructed Pricing					1.88

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, ophthalmology visit (w-dilation)	**SA082**	**pack**		**3.91**	
Cotton tipped applicators **(applicator, cotton-tipped, non-st**	SG008	item	2	0.07	0.14
fluorescein strips	SH034	item	1	0.282	0.282
gloves, non-sterile	SB022	pair	2	0.3	0.6
tetracaine or proparacaine **(proparacaine 0.5% ophth (Opht**	SH058	ml	0.1	2.3533	0.23533
tropicamide 1% ophth (Mydriacyl)	SH073	ml	0.1	0.83	0.083
phenylephrine 2.5% ophth (Mydfrin)	SH056	ml	0.1	5.46	0.546
paper, chinrest	SB035	item	1	0.008	0.008
swab-pad, alcohol	SJ053	item	2	0.04	0.08
post-mydriatic spectacles		Item	1	0	0
rev-eyes 0.5% ophth		ml	0.1	0	0
Deconstructed Pricing					1.97433

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, protective, ortho, large	**SA083**	**pack**		**10.86**	

gloves, non-sterile	SB022	pair	2	0.3	0.6
gloves, sterile	SB024	pair	4	0.91	3.64
gown, staff, impervious	SB027	item	2	1.186	2.372
mask, surgical, with face shield	SB034	item	2	3.4	6.8
shoe covers, surgical	SB039	pair	2	0.1	0.2
cap, surgical	SB001	item	1	1.14	1.14
Deconstructed Pricing					14.752

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, protective, ortho, small	**SA084**	**pack**		**5.99**	
gloves, non-sterile	SB022	pair	2	0.3	0.6
gloves, sterile	SB024	pair	2	0.91	1.82
gown, staff, impervious	SB027	item	1	1.186	1.186
mask, surgical, with face shield	SB034	item	1	3.4	3.4
cap, surgical	SB001	item	1	1.14	1.14
Deconstructed Pricing					8.146

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**	
pack, ocular photodynamic therapy	**SA049**	**kit**		**16.35**	
syringe 10-12ml	SC051	item	3	0.21	0.63
needle, 18-27g	SC029	item	5	0.04	0.2
syringe 30 ml	SC054	item	1	0.95	0.95
dextrose 5% inj (250ml uou)		item	1	0	0
swab-pad, alcohol	SJ053	item	6	0.04	0.24
iv safety catheter with Y adapter (Intima)		item	1	0	0
post-mydriatic spectacles		pair	1	0	0
Infusion Line Diagram		item	1	no charge	0
Patient Guide to Visudyne		item	1	no charge	0
~~wristband, patient ID~~		~~item~~	~~1~~	~~0~~	~~0~~
iv PCA extension set		item	1	0	0
syringe filter, sterile 1.2micron (Acrodisc) **(syringe filter)**	SC095	item	1	1.87	1.87
Deconstructed Pricing					

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**
pack, drapes, cystoscopy	**SA045**	**pack**		**17.33**
55" x 71" table cover		item	1	
28" x 48" leggings		item	2	
57" x 41" x 87" cystoscopy T-sheet		item	1	
Deconstructed Pricing				

DESCRIPTION	**Code**	**Unit**	**Item Qty**	**Unit price**
pack, drapes, laparotomy (chest-abdomen)	**SA046**	**pack**		**7.26**
Laparotomy Drape with 28" x 28" absorbent reinforcement		item	1	
Fan-folded drape sheets, 44" x 57"		item	2	
Mayo stand cover, reinforced poly, 23"W		item	1	
Suture bag		item	1	

Absorbent towel	item	1
Drape towels, adhesive	item	4
Outer wrap/reinforced poly table cover, 44" x 90", with 24" x 90" reinforcement cap, surgical	item	1

Deconstructed Pricing

Pack Code	Pack Desc	Pack Price	Component Price	Differential	hcpcs	Medium Descriptor	Sum of Medicare NF Global TC	Sum of Non-Fac Pack Price Aggregate	Sum of Non-Fac Component Price Aggregate	Sum of Non-Fac Differential	Sum of Medicare Fac	Sum of Fac Pack Price Aggregate	Sum of Fac Component Price Aggregaate	Sum of Fac Differential
SA041	pack, basic injection	$ 10	$ 17	$ 7			1,855,457	$ 19,389,526	$ 32,054,875	$ 12,665,349	2,489,115	$ -	$ -	$ -
SA042	pack, cleaning and disinfecting, endoscope	$ 19	$ 123	$ 104			1,743,508	$ 36,186,432	$ 228,956,006	$ 192,769,574	5,164,049	$ 1,133,653	$ 7,172,762	$ 6,039,109
SA043	pack, cleaning, surgical instruments	$ 13	$ 11	$ (2)			9,546,473	$ 120,383,004	$ 105,895,993	$ (14,487,011)	3,149,046	$ 125,224	$ 110,154	$ (15,070)
SA044	pack, moderate sedation	$ 19	$ 19	$ 1			253,052	$ 4,694,115	$ 4,858,598	$ 164,484	1,737,513	$ -	$ -	$ -
SA045	pack, drapes, cystoscopy	$ 17	(blank)	(blank)			16,676	$ 288,995	$ -	$ (288,995)	15,289	$ -	$ -	$ -
SA046	pack, drapes, laparotomy (chest-abdomen)	$ 7	(blank)	(blank)			16,992	$ 123,362	$ -	$ (123,362)	44,706	$ -	$ -	$ -
SA047	pack, e/m visit	$ 5	$ 5	$ -			207,890,906	$ 1,136,747,474	$ 1,136,747,474	$ -	40,828,238	$ -	$ -	$ -
SA048	pack, minimum multi-specialty visit	$ 5	$ 2	$ (3)			38,610,211	$ 220,153,336	$ 86,745,677	$ (133,407,659)	29,280,312	$ 53,834,545	$ 21,212,098	$ (32,622,448)
SA050	pack, ophthalmology visit (no-dilation)	$ 3	$ 1	$ (1)			1,779,127	$ 7,523,988	$ 3,721,414	$ (3,802,574)	1,930,896	$ 6,040,401	$ 2,987,622	$ (3,052,778)
SA051	pack, pelvic exam	$ 20	$ 3	$ (17)			231,833	$ 4,890,745	$ 681,696	$ (4,209,049)	149,354	$ 2,084,685	$ 290,574	$ (1,794,111)
SA052	pack, post-op incision care (staple)	$ 5	$ 10	$ 5			301,072	$ 1,414,858	$ 2,919,028	$ 1,504,170	1,457,202	$ 6,934,495	$ 14,306,730	$ 7,372,235
SA053	pack, post-op incision care (suture & staple)	$ 5	$ 12	$ 6			12,251	$ 54,640	$ 115,303	$ 60,663	106,512	$ 582,621	$ 1,229,468	$ 646,847
SA054	pack, post-op incision care (suture)	$ 5	$ 10	$ 6			1,370,929	$ 6,215,254	$ 13,910,330	$ 7,695,076	1,934,656	$ 8,899,963	$ 19,918,966	$ 11,019,002
SA058	pack, urology cystoscopy visit	$ 114	$ 40	$ (74)			945,826	$ 107,540,416	$ 37,804,665	$ (69,735,751)	646,842	$ -	$ -	$ -
SA080	pack, drape, ortho, large	$ 37	$ 25	$ (12)			23,890	$ 891,097	$ 606,328	$ (284,769)	182,643	$ -	$ -	$ -
SA081	pack, drape, ortho, small	$ 2	$ 2	$ (0)			166,988	$ 375,723	$ 313,937	$ (61,786)	74,270	$ -	$ -	$ -
SA082	pack, ophthalmology visit (w-dilation)	$ 4	$ 2	$ (2)			4,306,276	$ 17,347,135	$ 8,759,327	$ (8,587,808)	1,862,233	$ 15,016,449	$ 7,582,462	$ (7,433,987)
SA083	pack, protective, ortho, large	$ 11	$ 15	$ 4			18,696	$ 203,039	$ 275,803	$ 72,765	182,699	$ -	$ -	$ -
SA084	pack, protective, ortho, small	$ 6	$ 8	$ 2			171,044	$ 1,024,554	$ 1,393,324	$ 368,771	73,114	$ -	$ -	$ -
Grand Total							269,261,207	$ 1,685,447,692	$ 1,665,759,781	$ (19,687,910)	91,308,689	$ 94,652,036	$ 74,810,836	$ (19,841,200)